

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Baseball Camp
Sponsor	Troy Winders
Date Submitted	12/17/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)

To raise funds to help support the baseball team

Items to be sold: (How will you raise funds)

Camp for small aged children to learn fundamentals

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

Baseball players

Date(s) scheduled:

May-19

Names of adult supervisors at activity (chaperones, custodians, etc.):

Troy Winders, Michael Andrews

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved	Baseball	
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Michael D. Wanda</i>		12.18.18
Coaches Signature (corresponding sport)		Date

Circle One: **Approved** Not Approved

[Signature]
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Coke products
Sponsor	Troy Winders
Date Submitted	12/17/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)

To raise funds to help support the baseball team

Items to be sold: (How will you raise funds)

Cases of coke products

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

Baseball players

Date(s) scheduled:

February -April 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):

Troy Winders, Michael Andrews

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved Baseball		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Melvin D. Wentz</i>		<i>12-18-18</i>
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved

[Signature] _____ Date _____
Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	Troy Winders
Date Submitted	12/17/2018

Purpose of fundraising activity: (What will the funds be used for? Be specific)

To raise funds to help support the baseball team

Items to be sold: (How will you raise funds)

writing letters to businesses, family, and friends

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

Baseball players

Date(s) scheduled:

February to April

Names of adult supervisors at activity (chaperones, custodians, etc.):

Troy Winders, Michael Andrews

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved Baseball		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Meli D. We</i>		12-18-18
Coaches Signature (corresponding sport)		Date

Circle One: Approved Not Approved

[Signature] _____ Date _____
Principal

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Grilled Meals
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

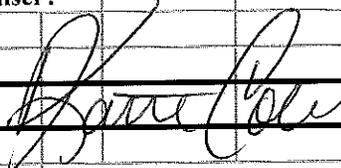
Items to be sold:
Friday afternoon meals will be sold locally and pasted out on decided date. Orders will be taken prior.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All Dancers

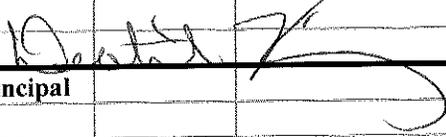
Date(s) scheduled:
January-February

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katherine Power Cole
LeAnn Russell

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved:				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Coaches Signature (corresponding sport)  **Date**

Circle One: **Approved** **Not Approved**

 **Date**
12-17-18

Principal **Date**

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Butterbraids
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

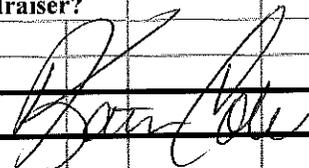
Items to be sold:
 Butterbraids, a frozen breakfast pastry.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All Dancers

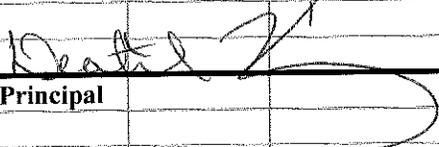
Date(s) scheduled:
 March-April

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Katherine Power Cole
 LeAnn Russell

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved:				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Coaches Signature (corresponding sport)  **Date**

Circle One: **Approved** **Not Approved**

 **Principal** **Date** 12-7-18

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Little Caesars Pizza Kits
Sponsor	Katherine Power Cole
Date Submitted	

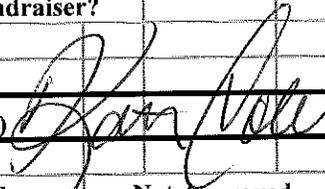
Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:
 Various pizza kits

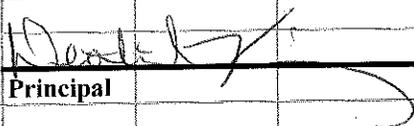
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All Dancers

Date(s) scheduled:
 February-March

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Katherine Power Cole
 LeAnn Russell

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved:				
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Coaches Signature (corresponding sport) 				Date

Circle One: **Approved** **Not Approved**

 **Date** 12-7-18

Principal **Date**

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Krispy Kreme Donuts
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

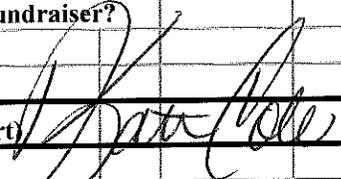
Items to be sold:
 Donut packages will be sold and delivered.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All Dancers

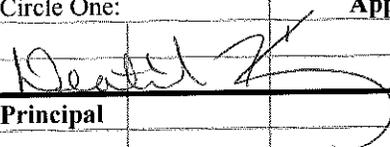
Date(s) scheduled:
 January-February

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Katherine Power Cole
 LeAnn Russell

Athletic Fundraiser	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If yes, sport involved:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Corresponding sport participating in fundraiser?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Coaches Signature (corresponding sport)  **Date**

Circle One: **Approved** **Not Approved**

Principal  **Date** 12-7-18

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

A

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Stadium Seats & Raincoats
Sponsor	Katherine Power Cole
Date Submitted	

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Uniforms, Dance wear, Shoes, Competition Fees, Competition Hotel Rooms, and/or Poms

Items to be sold:
Folding stadium seats and raincoats with Todd County on them.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All Dancers

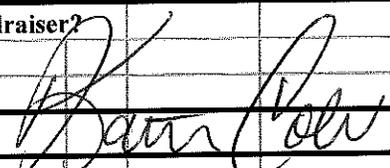
Date(s) scheduled:
February- March

Names of adult supervisors at activity (chaperones, custodians, etc.):
Katherine Power Cole
LeAnn Russell

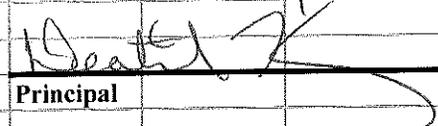
Athletic Fundraiser Yes No

If yes, sport involved:

Corresponding sport participating in fundraiser? Yes No

Coaches Signature (corresponding sport)  **Date**

Circle One: **Approved** **Not Approved**

 **Date** 12-17-18

Principal **Date**

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	General Athletic Fund
External Support/Booster Organization	
Name of Fundraiser	Todd County Club 500
Sponsor	Glenn M. Pilarowski
Date Submitted	11/26/18

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Build up funds in the general athletic account to provide new equipment, uniforms, and practice gear for TCCHS athletes in order to instill pride and esprit d'e
for the students and allow coaches to focus on developing confident and competent young adults.

Items to be sold: (How will you raise funds)
Sell \$50 tickets not ecessed \$25,000. We will have an award/banquet dinner and have a drawing. Grand prize Winner \$250
up to 10% collected, Runner up \$1500 or up to 6%, and give out 5 \$100 prizes. We will try to get extra prizes and food spon:

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All KHSAA sports

Date(s) scheduled:
Late Apirl or Early May

Names of adult supervisors at activity (chaperones, custodians, etc.):
Glenn Pilarowski, Devon Pilarowski, Adam Carlock, athletes will serve at banquet and coaches will help host.

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One: **Approved** **Not Approved**

Wentz 2/1 _____ **Date**
Principal _____ **Date**

SBDM Council (If Council Policy) _____ **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball
External Support/Booster Organization	
Name of Fundraiser	FanCloth
Sponsor	Brandi Francies
Date Submitted	1/3/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)

The purpose of the fundraiser is to generate funds for the
TCCHS Softball Team for equipment, jerseys, and travel needs.

Items to be sold: FanCloth Fan Gear
Fundraising.

Donations will also be accepted.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

TCCHS Lady Rebel Softball Team

Date(s) scheduled:

February 2019 - March 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):

Brandi Francies Mary Beth Ray Kayla Willis Walt Higdon

Athletic Fundraiser

Yes No

If yes, sport involvec TCCHS Softball

Corresponding sport participating in fundraiser?

Yes No

Brandi Francies
Coaches Signature (corresponding sport)

1/3/2019

Date

Circle One:

Approved

Not Approved

Walt Higdon
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Softball
External Support/Booster Organization	
Name of Fundraiser	Cookie Dough Tubs/Tumblers
Sponsor	Brandi Francies
Date Submitted	1/3/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)

The purpose of the fundraiser is to generate funds for the
Lady Rebel Softball Team to raise money for equipment, travel expenses, and jerseys.

Items to be sold: Cookie Dough Tubs & Tumbler Cups

Fundraising.

Donations will also be accepted.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

The Lady Rebel Softball Team

Date(s) scheduled:

Feb-19

Names of adult supervisors at activity (chaperones, custodians, etc.):

Brandi Francies

Mary Beth Ray

Kayla Willis

Walt Higdon

Athletic Fundraiser

Yes

No

If yes, sport involved:

Corresponding sport participating in fundraiser?

Yes

No

Brandi Francies

1-3-19

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Walt Higdon
Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date