SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	Todd County Middle School
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Donation
Sponsor	Angie Craig
Date Submitted	1/3/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for archery program to purchase equipment, replacement parts, tournament fees as needed, etc.

Items to be sold:
donations will be accepted from business and community members

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County Archery teams

Date(s) scheduled:
January - March 2019

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

Athletic Fundraiser	Yes ☐	No ☐
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes ☐	No ☐
Coaches Signature (corresponding sport)	Date	

Circle One: _(signature)_ Approved   Not Approved

Date 1/20/19

Principal _____   Date

SBDM Council (If Council Policy) _____   Date

Superintendent _____   Date

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	Todd County Middle School
Activity Account	Archery
External Support/Booster Organization	
Name of Fundraiser	Archery Apparel
Sponsor	Angie Craig
Date Submitted	1/3/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Funds will be used for archery program to purchase equipment, replacement parts, tournament fees as needed, etc.

Items to be sold:
T shirts and sweatshirts

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County Archery teams

Date(s) scheduled:
January - March 2019

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

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

[signature] Principal

Date 1/28/19
Date

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____