

SCHOOL ACTIVITY FUND

FUNDRAISER APPROVAL

School	TCCHS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Mini Baked Cookies
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, Camp fees, banquet costs, and/or Poms

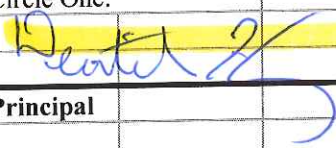
Items to be sold:
 Baked Cookie tubs filled with mini pre-made cookies

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

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

Circle One:	Approved	Not Approved	
			Date
Principal			Date
SBDM Council (If Council Policy)			Date
Superintendent			Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCHS
Activity Account	High School Track and Field
External Support/Booster Organization	
Name of Fundraiser	T-Shirts/Hoodie
Sponsor	Glenn M. Pilarowski
Date Submitted	1/18/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Start raising money for new uniforms

Items to be sold: (How will you raise funds)
Sell Track T-shirts/Hoodies

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Todd County Track and Field

Date(s) scheduled:
Feb-19

Names of adult supervisors at activity (chaperones, custodians, etc.):
Glenn Pilarowski and Robert Jones

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

Circle One: Approved Not Approved 	Date _____ Date _____ Date _____ Date _____
Principal	
SBDM Council (If Council Policy)	
Superintendent	