

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle School
Activity Account	Band
External Support/Booster Organization	N/A
Name of Fundraiser	Chocolate
Sponsor	Dipasquale
Date Submitted	2/25/2019

Purpose of fundraising activity:

(What will the funds be used for? Be specific)

instruments

music

equipment

travel

Items to be sold:

chocolate bars

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Todd County Middle School Band Program

Date(s) scheduled:

March -May (all funds to be collected before May 15th)

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

Heather Diapasquale

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

Sponsor

(Requested by)

Heather Diapasquale

Principal

2-24-19

2-25-19

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Business Donations
Sponsor	April Griffin
Date Submitted	2/21/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The fundraising money will be used to help cover costs associated with game day and competition cheer.
 This includes practice wear, new signs, new football uniform, poms, tshirts, bows, competition fees, etc.

Items to be sold:
 Business Donation letters will be given to local businesses requesting donations to help cover the costs associated with cheerleading. Sponsor names will go on back of the "Pink Out" tshirts in October.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The cheerleading team.

Date(s) scheduled:
 March 2019-April 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 April Griffin & Sydney Rager

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

Circle One: Approved Not Approved

Sponsor April Griffin (Requested by)

2-21-19

Principal _____

_____ Date

SBDM Council (If Council Policy) _____

_____ Date

Superintendent _____

_____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Chick-fil-a Spirit Night
Sponsor	April Griffin
Date Submitted	2/21/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The fundraising money will be used to help cover costs associated with game day and competition cheer.
 This includes practice wear, new signs, new football uniform, poms, tshirts, bows, competition fees, etc.

Items to be sold:
 Chick-fil-a in Hopkinsville will donate a portion of sales on assigned night & time to our fundraiser.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The cheerleading team.

Date(s) scheduled:
 April 18, 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 April Griffin & Sydney Rager

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

Circle One: Approved Not Approved

Sponsor April Griffin (Requested by)

2-21-19

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Four Seasons Lunch
Sponsor	April Griffin
Date Submitted	2/21/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The fundraising money will be used to help cover costs associated with game day and competition cheer.
 This includes practice wear, new signs, new football uniform, poms, tshirts, bows, competition fees, etc.

Items to be sold:
 Boxed lunches made by Four Seasons Catering.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The cheerleading team.

Date(s) scheduled:
 April 12, 2019 & May 17, 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 April Griffin & Sydney Rager

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

Circle One: Approved Not Approved

Sponsor April Griffin (Requested by)

2-21-19

Principal _____

Date _____

SBDM Council (If Council Policy) _____

Date _____

Superintendent _____

Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Middle
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Pura Vida Bracelets
Sponsor	April Griffin
Date Submitted	2/21/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 The fundraising money will be used to help cover costs associated with game day and competition cheer.
 This includes practice wear, new signs, new football uniform, poms, tshirts, bows, competition fees, etc.

Items to be sold:
 Threaded Pura Vida bracelets will be sold.


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 The cheerleading team.

Date(s) scheduled:
 March 2019-April 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 April Griffin & Sydney Rager

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

Circle One: Approved Not Approved


 Sponsor (Requested by)

2-21-19

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date