

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	09 Band
External Support/Booster Organization	
Name of Fundraiser	Scarves sale
Sponsor	TCCHS band
Date Submitted	5/13/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Support trip to indianapolis, instrument and equipment maintainance, student support

Items to be sold: (How will you raise funds)
Selling Todd County Central themed scarves

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

Date(s) scheduled:
July 15 - August 30

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

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


Principal

Date

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	09 Band
External Support/Booster Organization	
Name of Fundraiser	Football Concessions
Sponsor	TC athletics
Date Submitted	5/13/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Support trip to indianapolis, instrument and equipment maintainance, student support

Items to be sold: (How will you raise funds)
Selling concessions at home football games

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

Date(s) scheduled:
Sept. 6, 13, 20, 27 and Oct. 18

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

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**

 Principal	_____ Date
	_____ Date

SBDM Council (If Council Policy)	_____ Date
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Superintendent	_____ Date
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**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	09 Band
External Support/Booster Organization	
Name of Fundraiser	Elkton Fireworks concessions
Sponsor	Chamber of Commerce
Date Submitted	5/13/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Support trip to indianapolis, instrument and equipment maintainance, student support

Items to be sold: (How will you raise funds)
Selling concessions at annual fireworks display

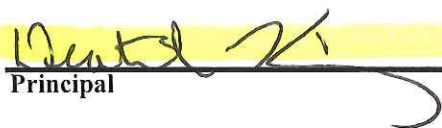
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Band

Date(s) scheduled:
July 3rd

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

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**

 Principal	_____ Date
	_____ Date
SBDM Council (If Council Policy)	_____ Date
Superintendent	_____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	09 Band
External Support/Booster Organization	
Name of Fundraiser	Moon pie sales
Sponsor	TCCHS band
Date Submitted	5/13/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Support trip to indianapolis, instrument and equipment maintainance, student support

Items to be sold: (How will you raise funds)
Selling moonpies individually and by the sleeve

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

Date(s) scheduled:
Sept. 2 - Sept 20

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

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

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TCCHS Boys Soccer
External Support/Booster Organization	
Name of Fundraiser	Mum Sales
Sponsor	TCCHS Boys Soccer
Date Submitted	5/15/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise money for TCCHS Boys Soccer Team to purchase uniforms, equipment and cover banquet costs.

Items to be sold:
Mums purchased from The Bloomery

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All TCCHS boys soccer players

Date(s) scheduled:
September and October 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
Mike Smith, TCCHS Boys Soccer Head Coach
Andrea Jones, TCCHS Boys Soccer Booster Treasurer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involves BOYS Soccer		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Boys Soccer		
Coaches Signature (corresponding sport)	5/14/2019 Date	

Circle One: Approved Not Approved


Principal

_____ Date

_____ Date

SBDM Council (If Council Policy)

_____ Date

Superintendent

_____ Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TCCHS Boys Soccer
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	TCCHS Boys Soccer
Date Submitted	5/15/2019


Purpose of fundraising activity: (What will the funds be used for? Be specific)
 To raise money for TCCHS Boys Soccer Team to purchase uniforms, equipment and cover banquet costs.

Items to be sold:
 Sending letters asking for donations

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 All TCCHS boys soccer players

Date(s) scheduled:
 August & September 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Mike Smith, TCCHS Boys Soccer Head Coach
 Andrea Jones, TCCHS Boys Soccer Booster Treasurer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involves BOYS Soccer		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Boys Soccer		
		
Coaches Signature (corresponding sport)	Date 5/14/2019	

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


 Principal

 Date

 Date

 SBDM Council (If Council Policy)

 Date

 Superintendent

 Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	TCCHS Boys Soccer
External Support/Booster Organization	
Name of Fundraiser	Youth Soccer Camp
Sponsor	TCCHS Boys Soccer
Date Submitted	5/15/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To raise money for TCCHS Boys Soccer Team to purchase uniforms, equipment and cover banquet costs.

Items to be sold:
Hosting a Summer Soccer Camp for ages Preschool to Middle School

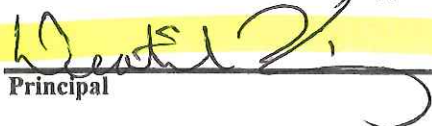
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
All TCCHS boys soccer players

Date(s) scheduled:
June or July 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
Mike Smith, TCCHS Boys Soccer Head Coach
Andrea Jones, TCCHS Boys Soccer Booster Treasurer

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involves BOYS Soccer		
Corresponding sport participating in fundraiser?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Boys Soccer		
Coaches Signature (corresponding sport)	5/17/2019 Date	

Circle One: **Approved** Not Approved


Principal _____ Date _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____