

**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	8/26/2019

**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 clothing, competition fees, transportation fees to games, end of season expenses, 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:**  
 September 2019

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

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

**Circle One:**      Approved      Not Approved

*April Griffin*  
 Sponsor (Requested by)  
*[Signature]*  
 Principal

8-26-19  
8/26/19  
 Date

**SBDM Council (If Council Policy)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Superintendent** \_\_\_\_\_ **Date** \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCMS
<b>Activity Account</b>	Dance Team
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Krispy Kreme
<b>Sponsor</b>	Katherine Power Cole
<b>Date Submitted</b>	

**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:**  
 Krispy Kreme Donuts

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

**ate(s) scheduled:**  
 September

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

Katherine Power Cole  
 LeAnn Russell

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

<b>Coaches Signature (corresponding sport)</b>	<b>Date</b>
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Circle One: ☒ Approved ☐ Not Approved

	<b>Date</b> 8/26/19
<b>Principal</b>	<b>Date</b>

<b>BDM Council (If Council Policy)</b>	<b>Date</b>
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<b>Superintendent</b>	<b>Date</b>
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**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Little Ceasars 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:  
 Frozen Pizza Kits

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

Date(s) scheduled:  
 November, December

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
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Circle One:	Approved	Not Approved	Date
			8/26/19
Principal			Date

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

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Spirit Shop
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:  
 Poms, shakers, noise makers, and other spirit items to be sold at TCCHS & TCMS games and events.

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

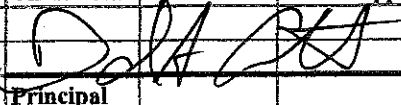
Date(s) scheduled:  
 October

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 8/26/19  
 Date

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Kono Ice
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:  
 Kono Ice snow cones at events and football games.

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

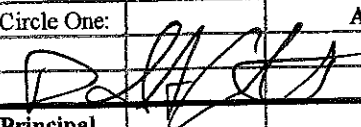
ate(s) scheduled:  
 August-September

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?				

Coaches Signature (corresponding sport) \_\_\_\_\_ Date \_\_\_\_\_

Circle One: Approved Not Approved

Principal  Date 8/26/19

BDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Christmas Mini Session
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:  
 Christmas themed pictures

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

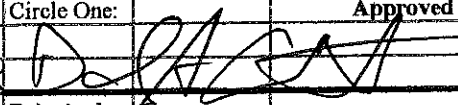
Date(s) scheduled:  
 September, October, November, ~~December~~

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 2/26/19  
 Date \_\_\_\_\_

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

# SCHOOL ACTIVITY FUND

## FUNDRAISER APPROVAL

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Concession Stand
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 concession stand items

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

Date(s) scheduled:  
 August-November & 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 8/26/19

Principal \_\_\_\_\_ Date \_\_\_\_\_

SBDM Council (If Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Noodles
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:  
 Fun uncooked noodle packages. They are in various colors and shapes.

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

Date(s) scheduled:  
 October-November

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

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?				

Coaches Signature (corresponding sport)	Date
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Circle One: Approved Not Approved

 Date: 8/26/19

Principal Date

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

School	TCMS
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Hairbows
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:  
 Hair bows in school colors with TC logo on them.

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

Date(s) scheduled:  
 September-November

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

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
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Circle One: <b>Approved</b> <input checked="" type="checkbox"/> <b>Not Approved</b> <input type="checkbox"/>	Date
	8/26/19
Principal	Date

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

School	Todd County Middle School
Activity Account	Student Rewards
External Support/Booster Organization	N/A
Name of Fundraiser	World's Finest Chocolate
Sponsor	Carmichael
Date Submitted	08/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)  
 Funds raised will be used to reward students throughout the year. Funds will be used for travel, prizes, t-shirts, etc. throughout the year.

Items to be sold:  
 Chocolate bars & candy

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

Date(s) scheduled:  
 September 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):  
 Carmichael, with PTO assistance

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

David A. Carmichael

Sponsor

(Requested by)

Principal

8/26/2019

Date

8/26/19

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date