

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	SPED
External Support/Booster Organization	
Name of Fundraiser	Key's Kids Bistro
Sponsor	Heather Key
Date Submitted	8/9/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Raise money for Special Olympic Expenses

Items to be sold: (How will you raise funds)
 We will cook a variety of food items to sell to the staff

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

Date(s) scheduled:
 2019-2020 school year (1-2 times per month)

Names of adult supervisors at activity (chaperones, custodians, etc.):
 Heather Key, Dawn Goodman, Kim Walker

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 type="checkbox"/>
<i>Heather Key</i>		
Coaches Signature (corresponding sport)	8/9/19	
	Date	

Circle One: Approved Not Approved

Principal _____
[Signature]
 SBDM Council (If Council Policy) _____

 Date

 9/5/19

 Date

 Date

Superintendent _____