

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Discount Cards
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the sale of discount cards will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Discount Cards to Local Businesses


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

Date(s) scheduled:
March, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

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

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Ferns
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the sale of ferns will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Ferns

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

Date(s) scheduled:
March, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

Athletic Fundraiser	Yes <input checked="" 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
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Daddy-Daughter Dance
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the Daddy-Daughter Dance will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Dance Admission

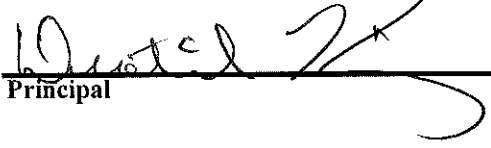
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Baseball

Date(s) scheduled:
February, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

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 _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Coke Sales
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the sale of Coke products will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Coke Products

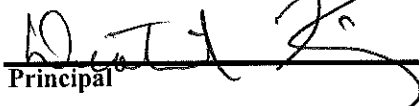
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Baseball

Date(s) scheduled:
February, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

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

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Fan Gear
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the sale of Fan Gear will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Fan Gear Items (t-shirts, shorts, sweats, etc.)

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

Date(s) scheduled:
February, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

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
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Outfield Signs
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the sale of signs will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Field Signs (businesses and personal); donations will also be accepted.

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

Date(s) scheduled:
January, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

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
SBDM Council (If Council Policy)	Date
Superintendent	Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Baseball/Baseball Boosters
External Support/Booster Organization	
Name of Fundraiser	Corporate Sponsorship & Donation Letters
Sponsor	Gregory Shelton
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the sponsorships and donations will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Donation letters will be sent out.

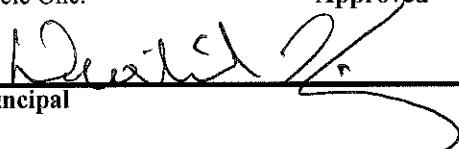
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Baseball

Date(s) scheduled:
January, 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Gregory Shelton
Chris Brandon
Jennifer Brandon

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

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Drama
External Support/Booster Organization	
Name of Fundraiser	School Play
Sponsor	Lisa Petrie
Date Submitted	9/25/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Students will perform the school play. Admission will be taken to help cover drama club costs of putting on this production. Cast will also purchase t-shirts promoting the play.

Items to be sold: (How will you raise funds)
 Admission Tickets for the Play

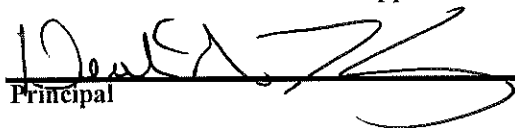
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Drama Club

Date(s) scheduled:
 8-Nov-19

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

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
 10-1-19
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Girls' Basketball
External Support/Booster Organization	
Name of Fundraiser	Countywide Trash Clean-Up
Sponsor	Scott Fleming
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The donation received from the county for collecting trash will be used for equipment, uniforms, travel, etc.

Items to be sold: (How will you raise funds)
Donation from the county.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Girls' Basketball

Date(s) scheduled:
TBD - Will contact the county for appropriate time/date.

Names of adult supervisors at activity (chaperones, custodians, etc.):
Scott Fleming
Nicole Bufford
Jesse Hillner

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"/>
<i>Scott Fleming</i>	9/26/2019	
Coaches Signature (corresponding sport)	Date	

Circle One: Approved Not Approved

Deatch King
Principal

Date
9-27-19
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Golf
External Support/Booster Organization	
Name of Fundraiser	Golf Scramble
Sponsor	Jan Martin
Date Submitted	9/10/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the Golf Scramble will be used for equipment, uniforms, travel, entry fees, etc.

Items to be sold: (How will you raise funds)
Entry Fees for Golf Scramble

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Golf Team

Date(s) scheduled:
18-Apr-20

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

Jan Martin Beth Nichols
Nakita Barrow Diane Hampton
Julie Rager
Paul Barrow

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input 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

Deated 27
Principal

Date
9-27-19
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Project Graduation
External Support/Booster Organization	Class of 2020 Project Graduation
Name of Fundraiser	Silent Auction
Sponsor	Tiffany Wood & Patti Glover
Date Submitted	9/30/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds will be used to support Project Graduation for Class of 2020

Items to be sold:
~~Donated~~ Items to be place up for bidding.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Students in the class of 2020

Date(s) scheduled:
Fall 2019 and/or Spring 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Tiffany Wood
Makka Wheeler
Patti Glover

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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

10-1-19
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Project Graduation
External Support/Booster Organization	Class of 2020 Project Graduation
Name of Fundraiser	Club 500
Sponsor	Tiffany Wood & Patti Glover
Date Submitted	9/30/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds will be used to support Project Graduation for Class of 2020

Items to be sold:
\$50 tickets for a chance of a specified amount of money

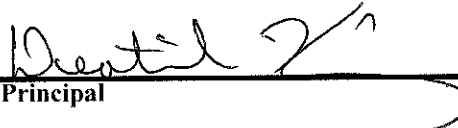
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Students in the class of 2020

Date(s) scheduled:
Fall 2019 and/or Spring 2020

Names of adult supervisors at activity (chaperones, custodians, etc.):
Tiffany Wood
Makka Wheeler
Patti Glover

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
10-1-19
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	Todd County Central High School
Activity Account	Project Graduation
External Support/Booster Organization	Class of 2020 Project Graduation
Name of Fundraiser	Donation Letters
Sponsor	Tiffany Wood & Patti Glover
Date Submitted	9/30/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)

The funds will be used to support Project Graduation for Class of 2020

Items to be sold:

Letters will be sent out to people/organizations/businesses requesting donations for project graduation.

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Students in the class of 2020

Date(s) scheduled:

2019-2020 School year

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

Tiffany Wood

Makka Wheeler

Patti Glover

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

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Rebels for Christ
External Support/Booster Organization	
Name of Fundraiser	T-Shirt Sales
Sponsor	Rebels for Christ
Date Submitted	9/26/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Any excess funds will go to support club activities (the t-shirts are being sold at cost); donations will also be accepted.

Items to be sold: (How will you raise funds)
T-Shirts

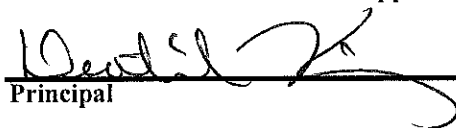
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Rebels for Christ Club

Date(s) scheduled:
October - December

Names of adult supervisors at activity (chaperones, custodians, etc.):
Brandi Francies
Craig Skipworth

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
9-27-19
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHs
Activity Account	Veterans Program
External Support/Booster Organization	
Name of Fundraiser	Donation Letters
Sponsor	
Date Submitted	9/11/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 This is the sole funding for Veterans Day program. Funds will be used for but not limited to: rental of chairs, breakfast for veterans, gift basket for speaker etc.

Items to be sold: (How will you raise funds)
 Donation letters to send out to buissness in Elkton

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Veterans Day program

Date(s) scheduled:
 As soon as approval

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

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
9-11-19
 Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Wrestling
External Support/Booster Organization	
Name of Fundraiser	T-Shirt Fundraiser
Sponsor	Glenn Pilarowski
Date Submitted	8/27/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
Start up funds for wrestling equipment

Items to be sold: (How will you raise funds)
Todd County Wrestling Shirts

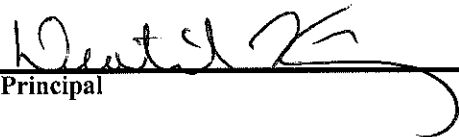
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Wrestling Team and all members

Date(s) scheduled:
10/15/19-2/15/20

Names of adult supervisors at activity (chaperones, custodians, etc.):
Glenn Pilarowski
Adam Carlock
Jason Gibson

Athletic Fundraiser	Yes <input checked="" 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
9-26-19
Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	TCCHS
Activity Account	Wrestling
External Support/Booster Organization	
Name of Fundraiser	Turkey Fun Run/Color Run/5K Run
Sponsor	Glenn Pilarowski
Date Submitted	9/27/2019

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds generated from the Fun Run, Color Run and 5K will be used for equipment, uniforms, travel, etc. for wrestling.

Items to be sold: (How will you raise funds)
Entry Fees for the Fun Run, Color Run and 5K.

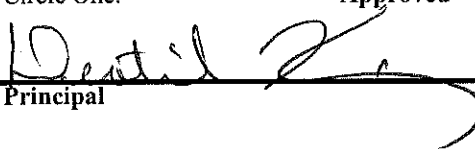
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
TCCHS Wrestling

Date(s) scheduled:
November 18 - December 1, 2019

Names of adult supervisors at activity (chaperones, custodians, etc.):
Glenn Pilarowski
Adam Carlock
Jason Gibson

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input 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 _____