

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	Todd County Middle School
<b>Activity Account</b>	Art Club
<b>External Support/Booster Organization</b>	N/A
<b>Name of Fundraiser</b>	Face Painting- homecoming (basketball)
<b>Sponsor</b>	Tammy West
<b>Date Submitted</b>	8/1/19

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

Profits from the face painting fundraiser will be used for the continuation of a school beautification project started in the 2018-2019 school year. We plan to add to and expand the landscaping outside of the 6th grade wing.

**Items to be sold:**

We will offer various face painting designs to be applied to students by members of the Art Club during a specific day of basketball homecoming Spirit Week/8th grade night.

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

Art Club members and all other students/staff at TCMS will benefit from our school beautification efforts.

This fundraiser will also increase School Spirit to show support to the basketball team.

**Date(s) scheduled:**

Dec 2019- Basketball Homecoming week

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

Tammy West

**Athletic Fundraiser**

If yes, sport involved:

Yes ☐ No ☒

**Corresponding sport participating in fundraiser?**

Yes ☐ No ☒

**Coaches Signature (corresponding sport)**

Date

**Circle One:**

Approved

Not Approved

Tammy West

8/1/19

**Sponsor**

(Requested by)

**Principal**

9/26/19

Date

**SBDM Council (If Council Policy)**

Date

**Superintendent**

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Girl's Basketball
External Support/Booster Organization	
Name of Fundraiser	Rebel Apparel
Sponsor	Casey Williams
Date Submitted	9/20/2019

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

Funds for Girl's Basketball - shoes and apparel for players

Basketball Tournament Fees for Girl's Basketball

Items to be sold:

Tshirts, sweatshirts, beanie, hats, winter apparel

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Girl's Basketball Team

Date(s) scheduled:

October 2019 - December 2019

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

Casey Williams

Athletic Fundraiser

Yes ☒

No ☐

If yes, sport involved: Girl's Basketball Team

Corresponding sport participating in fundraiser?

Yes ☐

No ☒

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Sponsor

(Requested by)

Principal

9-26-19

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	TCMS
<b>Activity Account</b>	Girl's Basketball
<b>External Support/Booster Organization</b>	
<b>Name of Fundraiser</b>	Old Fashion Candy
<b>Sponsor</b>	Casey Williams
<b>Date Submitted</b>	9/20/2019

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

Funds for Girl's Basketball - shoes and apparel for players

Basketball Tournament Fees for Girl's Basketball

**Items to be sold:**

Candy and Candles

**Beneficiary of fundraising activity:**

(Who will receive the benefit of the funds)

Girl's Basketball Team

**Date(s) scheduled:**

October 2019 - December 2019

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

Casey Williams

**Athletic Fundraiser**

Yes

☒

No

☐

If yes, sport involved: Girl's Basketball Team

**Corresponding sport participating in fundraiser?**

Yes

☐

No

☒

**Coaches Signature (corresponding sport)**

**Date**

**Circle One:**

Approved

Not Approved

**Sponsor**

(Requested by)

**Principal**

**Date**

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Girl's Basketball
External Support/Booster Organization	
Name of Fundraiser	That's My Pan
Sponsor	Casey Williams
Date Submitted	9/20/2019

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

Funds for Girl's Basketball - shoes and apparel for players

Basketball Tournament Fees for Girl's Basketball

Items to be sold:

Pans, Cooking Utensils

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Girl's Basketball Team

Date(s) scheduled:

October 2019 - December 2019

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

Casey Williams

Athletic Fundraiser

Yes ☒

No ☐

If yes, sport involved: Girl's Basketball Team

Corresponding sport participating in fundraiser?

Yes ☐

No ☒

Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved

Sponsor

(Requested by)

Principal

9-26-19

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

School	TCMS
Activity Account	Girl's Basketball
External Support/Booster Organization	
Name of Fundraiser	Donation Requests
Sponsor	Casey Williams
Date Submitted	9/25/2019

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

Funds for Girl's Basketball - shoes and apparel for players

Basketball Tournament Fees for Girl's Basketball

Items to be sold:

Donation Letters - Nothing Sold

Beneficiary of fundraising activity:

(Who will receive the benefit of the funds)

Girl's Basketball Team

Date(s) scheduled:

October 2019 - December 2019

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

Casey Williams

Athletic Fundraiser

Yes ☒

No ☐

If yes, sport involved: Girl's Basketball Team

Corresponding sport participating in fundraiser?

Yes ☐

No ☒


Coaches Signature (corresponding sport)

Date

Circle One:

Approved

Not Approved



Sponsor

(Requested by)



Principal

9-26-19

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL**

<b>School</b>	Todd County Middle School
<b>Activity Account</b>	
<b>External Support/Booster Organization</b>	N/A
<b>Name of Fundraiser</b>	
<b>Sponsor</b>	Mary Skipworth
<b>Date Submitted</b>	9/26/2019

**Purpose of fundraising activity:** (What will the funds be used for? Be specific)  
 To obtain books for classroom These will be used in book clubs as well as to promote student reading.

**Items to be sold:**

none – requesting approval of donation from Half Price Books


**Beneficiary of fundraising activity:** (Who will receive the benefit of the funds)  
 Mary Skipworth and TCMS students.

**Date(s) scheduled:**  
 9.26.2019

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

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

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

**Mary Skipworth**  
 Sponsor (Requested by)  
  
 Principal

9-26-19  
 Date

**SBDM Council (If Council Policy)**

**Date**

**Superintendent**

**Date**

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\* Indicates a required field.