

# SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

SCHOOL: <u>Toliver Intermediate</u>	
ACTIVITY ACCOUNT:	
EXTERNAL SUPPORT/BOOSTER ORGANIZATION: <u>PTO</u>	
NAME OF FUNDRAISER: <u>Charleston Wraps</u>	Anticipated Profit: \$ <u>3,000</u>
SPONSOR: <u>Toliver PTO - Samantha Guest, President</u>	
DATE SUBMITTED:	
Beginning Date of Fundraiser : <u>09 / 15 / 2020</u> End Date of Fundraiser: <u>11 / 1 / 2020</u>	

These funds will be spent on the following specific items/activities:

Teacher grants to support student learning. Items for the classroom that the students will be using.

Items to be sold?

Wrapping paper and gifts from the Charleston Wrap gift catalog.

*(Virtually)*

Who will benefit from the fundraising activity?

Money from this fundraiser will be shared with the staff of Toliver Intermediate to purchase items for the classrooms. Teachers will be purchasing trade books for student small group reading, student subscriptions to Scholastic Weekly, art supplies and many other items. All items will be used by students.

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

Samantha Guest, Amy Wilson, Kristi Sigola and John Erwin

Is this an Athletic Fundraiser? (circle one) Yes or No

If yes, name sport involved: \_\_\_\_\_

Are there any corresponding sports participating? \_\_\_\_\_

Coach's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This meets all REDBOOK Regulations.	
School Bookkeeper Signature: _____	<i>Carolyn Grubbs</i>
Principal Signature: _____	<input checked="" type="checkbox"/> Approved
Date: <u>8-14-20</u>	<input type="checkbox"/> Not Approved
SBDM Council (If Council Policy) _____	Date: _____
*Superintendent _____	Date: _____
*As directed by Board (If School-Wide Fundraiser)	

*Amy Wilson*

*859-608-7852*