

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | 7th Grade TCMS |
| External Support/Booster Organization | |
| Name of Fundraiser | Candy Cane- Candy Grams |
| Website (if applicable) | |
| Sponsor | TCMS 7th Grade Team |
| Date Submitted | 11/1/24 |

Purpose of fundraising activity: Fundraising for student rewards .

Items to be sold or items requested for donation: Candy Cane with Note to Student/Staff .

Beneficiary/sport of fundraising activity: TCMS 7th Grade students .

Anticipated profit and plans for excess funds: \$300.00 .

Date(s) scheduled: 12/2/24-12/20/24 .

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

Kimberly Davis

Char Young _____ Date 11/1/24

Circle One: Approved Not Approved
[Signature] _____ Date 11/1/24

SBDM Council (If Council Policy) _____ Date _____

[Signature] _____ Date 11/1/24
Board Approval Date (if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Spirit Club |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Wear Hats |
| Sponsor | Skipworth |
| Date Submitted | 10/25/2024 |

Purpose of fundraising activity: **(What will the funds be used for? Be specific)**
 The funds will be used for multi-media purchases for The Rebel T and the marketing within the school.

Items to be sold:
 Allowed to wear hats for the day - \$1.00

Beneficiary of fundraising activity: **(Who will receive the benefit of the funds)**
 The Rebel T, Computer Class, Skipworth's Class

Date(s) scheduled:
 November 2024 - May 2025

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

Sponsor Mary Skipworth (Requested by) 10/25/2024
 Principal [Signature] 10/25/24
 Date

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

[Signature] 10/1/24

SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

| | |
|--|-----------------------|
| School: | TCMS |
| Activity Account: | Baseball |
| External Support/Booster Organization: | |
| Name of Fundraiser: | Schlabe's Bakery Sale |
| Website (if applicable): | |
| Sponsor: | Chris Luna |
| Date Submitted: | 10-27-24 |

Purpose of fundraising activity:
Equipment Team

Items to be sold or items requested for donation: Bakery Items

Beneficiary/sport of fundraising activity: TCMS BASEBALL

Anticipated profit and plans for excess funds:
\$1000

Date(s) scheduled: NOV 10th

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


Sponsor: _____ Date: 10-28-24

Circle One: Approved Not Approved

Principal: _____ Date: 10/25/24

SBDM Council (if Council Policy) _____ Date

Board Approval Date
(if applicable)

CAL 11/1/24

SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

| | |
|---------------------------------------|---------------|
| School | TCMS |
| Activity Account | BASKETBALL |
| External Support/Booster Organization | |
| Name of Fundraiser | TRASH PICK UP |
| Website (if applicable) | |
| Sponsor | |
| Date Submitted | |

Purpose of fundraising activity:

TRASH EQUIPMENT

Items to be sold or items requested for donation:

Pick up Trash

Beneficiary/sport of fundraising activity:

TCMS BASKETBALL

Anticipated profit and plans for excess funds:

4,000

Date(s) scheduled:

Feb 26th 2025

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

[Signature]

Sponsor

10-22-24

Date

[Signature]

Principal

Approved

Not Approved

10/25/24

Date

SBDM Council (if Council Policy)

Date

Board Approval Date
(if applicable)

CAL 11/1/24

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Spirit Club |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Earbuds |
| Sponsor | Skipworth |
| Date Submitted | 10/25/2024 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
The funds will be used for multi-media purchases for The Rebel T and the marketing within the school.

Items to be sold:
Earbuds - \$1.00

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
The Rebel T, Computer Class, Skipworth's Class

Date(s) scheduled:
November 2024 - May 2025

Names of adult supervisors at activity (chaperones, custodians, etc.):
Mary 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
Mary Skipworth 10/25/2024

Sponsor **(Requested by)**
[Signature] [Signature]
Principal **Date**
[Signature] 10/25/24

SBDM Council (If Council Policy) **Date**

Superintendent **Date**

FINAL 10/25/24

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | |
| Sponsor | Mary Skipworth |
| Date Submitted | 10/21/2024 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
To gain money for The Spirit Club (aka The Rebel T)

Items to be sold:

Kona Ice Truck to come two times a month for Students to purchase.

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

Date(s) scheduled:
November - May - 2 times a month

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

| | | |
|---|------------------------------|-----------------------------|
| Athletic Fundraiser | Yes <input 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

Mary Skipworth

Sponsor

(Requested by)

Principal

10/21/24

10/25/24

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

[Handwritten Signature] 10/11/24

SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Basketball |
| External Support/Booster Organization | Todd Mansfield |
| Name of Fundraiser | Trash Pick-up |
| Website (if applicable) | N/A |
| Sponsor | Todd Mansfield |
| Date Submitted | 10/30/24 |

Purpose of fundraising activity:

Raise funds for travel gear and backpacks

Items to be sold or items requested for donation:

Trash picked up on roads

Beneficiary/sport of fundraising activity:

Basketball

Anticipated profit and plans for excess funds:

\$1,000

Date(s) scheduled:

24/25 School Year

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

Matthew Norl
Matthew Talley

Sponsor

10/25/24
Date

Circle One:

Approved

Not Approved

Principal

Kimberly Davis

10/25/24
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

11/1/24

SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Basketball |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Fill My Basketball |
| Website (if applicable) | N/A |
| Sponsor | N/A |
| Date Submitted | 10/30/24 |

Purpose of fundraising activity:

Raise funds for travel gear and backpacks

Items to be sold or items requested for donation:

Donations

Beneficiary/sport of fundraising activity:

Basketball

Anticipated profit and plans for excess funds:

\$2,000

Date(s) scheduled: 11/1/24 - 11/15/24

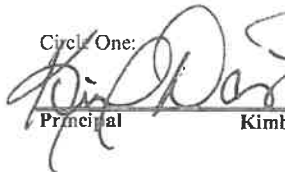
Names of adult supervisors at activity (chaperones, custodians, etc.):

Matthew Norl
Matthew Talley

Sponsor N/A

Date

Circle One: Approved Not Approved


Principal Kimberly Davis


Date 10/25/24

SBDM Council (If Council Policy)

Date



Board Approval Date
(if applicable) 11/1/24