## SCHOOL ACTIVITY FUND

## FUNDRAISER & CROWDFUNDING APPROVAL

School	Todd County Middle Sc	hool
Activity Account	РТО	
External Support/Booster Organization		
Name of Fundraiser	TCMS Rebel Wear	11 11
Website (if applicable)		
Sponsor	TCMS PTO	
Date Submitted	3/24/25	
Purpose of fundraising activity:	Fundraising for student	rewards
Name to be said on Stores more and for days	T Chliste has the	
Items to be sold or items requested for dons	mon: 1-Smirti, nooqies	
Beneficiary/sport of fundraising activity:	TCMS students and teac	chers
Anticipated profit and plans for excess fund	s: \$1,000.00	
Date(s) scheduled:	4/7/25	
Names of adult supervisors at activity (chape	erones, custodians, etc.):	TCMS Admin and staff
<u></u>		
Sponsor		3/24/25 Date
Circle One: Approved	Not Approved	9/25/23
Principal		Date
BDM Council (If Council Policy)		Date
		Board Approval Date (if applicable)