

**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	5/11/2025

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:

Sell athletic calendars

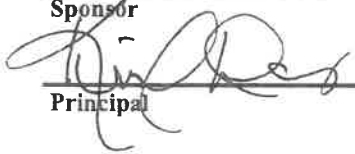
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
Mary Skipworth and TCMS students.

Date(s) scheduled:
August - May - 2025-2026

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

5/11/25

5/11/25
Date

SBDM Council (If Council Policy)

Superintendent

Date
5/30/25
Date

**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	5/6/2025

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:
August 2025 - May 2026

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
Sponsor (Requested by)

[Signature]
Principal

[Signature]
SBDM Council (If Council Policy)

Superintendent

10/21/2023 5/6/25

5/6/25
Date

5/30/25
Date

**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	5/15/2025

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 one time 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:
August - May - 2025-2026 - 1 time 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

5/15/25
Date

SBDM Council (If Council Policy)


Superintendent

Date
5/30/25
Date

**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	5/15/2025

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:
August 2025 - May 2026

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
Sponsor (Requested by)
[Signature]
Principal

10/25/2024 5/15/25
8/15/25
Date

[Signature]
SBDM Council (If Council Policy)
[Signature]
Superintendent

Date
5/30/25
Date

SCHOOL ACTIVITY FUND FUNDRAISER & CROWDFUNDING APPROVAL

School	Todd County Middle School
Activity Account	BAND
External Support/Booster Organization	
Name of Fundraiser	Snack Cart (2nd Friday of Every Month)
Website (if applicable)	
Sponsor	Dipasquale
Date Submitted	5/19/25

Purpose of fundraising activity: Fundraising for student instrument repairs and supplies for the year

Items to be sold or items requested for donation: Food and Drink Items From Sam's Club

Beneficiary/sport of fundraising activity: TCMS Band students

Anticipated profit and plans for excess funds: \$3,000.00 If exceeds we will be buying instruments

Date(s) scheduled: 8/11/25-5/20/25

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


Sponsor

5/19/25

Date

Circle One:

Approved

Not Approved


Principal

5/19/25

Date

SBDM Council (If Council Policy)

Date

 5/30/25

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS Baseball
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Todd County Clothing Sale
Website (if applicable)	
Sponsor	Chris Luna
Date Submitted	5/9/25

Purpose of fundraising activity:

Equipment

Items to be sold or items requested for donation:

Selling Todd County Gear

Beneficiary/sport of fundraising activity:

Baseball

Anticipated profit and plans for excess funds:

1,000.00

Date(s) scheduled:

March 20²⁶

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

Chris Luna

Chris Luna

Sponsor

5/9/2025

Date

Circle One:

☒ Approved

☐ Not Approved


Principal

5/9/25
Date

SBDM Council (If Council Policy)

Date

Board Approval Date

(if applicable)



5/30/25

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Todd County Middle School
Activity Account	TCMS Volleyball
External Support/Booster Organization	
Name of Fundraiser	Fill the Volleyball Stripes
Website (if applicable)	
Sponsor	TCMS Volleyball
Date Submitted	5/11/25

Purpose of fundraising activity:

Raise money for the volleyball team to get sport related equipment

Items to be sold or items requested for donation: Donations filling each volleyball stripe with pre-written dollar amounts

Beneficiary/sport of fundraising activity: TCMS Volleyball

Anticipated profit and plans for excess funds:

Money towards new equipment, apparel, food, water, and camp.

Date(s) scheduled: 6/1/2025- 10/31/2025

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

Robyn Henry / Nikki Andrews

Robyn Henry
Sponsor

5/11/25
Date

Circle One:

Approved
Principal

Not Approved

5/11/25
Date

SBDM Council (If Council Policy)

Date

S - AL 5/30/25

Board Approval Date
(if applicable)

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Todd County Middle School
Activity Account	TCMS Volleyball
External Support/Booster Organization	
Name of Fundraiser	Litter Pick Up
Website (if applicable)	
Sponsor	TCMS Volleyball
Date Submitted	5/11/25

Purpose of fundraising activity:

Raise money for the volleyball team to get sport related equipment, camp, apparel, food, water

Items to be sold or items requested for donation: \$1000 donation

Beneficiary/sport of fundraising activity: TCMS Volleyball

Anticipated profit and plans for excess funds:

Raise money for the volleyball team to get sport related equipment, camp, apparel, food, water.

Date(s) scheduled: 6/13/2025

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

Robyn Henry / Nikki Andrews

Sponsor Robyn Henry

5/11/25
Date

Circle One: Approved Not Approved

Principal [Signature]

5/11/25
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

[Signature] - AL 5/30/25

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Todd County Middle School
Activity Account	TCMS Volleyball
External Support/Booster Organization	
Name of Fundraiser	Bunt Cakes
Website (if applicable)	
Sponsor	TCMS Volleyball
Date Submitted	5/11/25

Purpose of fundraising activity:

Raise money for the volleyball team to get sport related equipment, apparel, camp, food, water.

Items to be sold or items requested for donation: Bunt Cakes

Beneficiary/sport of fundraising activity: TCMS Volleyball

Anticipated profit and plans for excess funds:

Money towards volleyball team's equipment, apparel, food, drinks, and camp.

Date(s) scheduled: 8/1/25-10/1/25

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

Robyn Henry / Nikki Andrews

Sponsor Robyn Henry

5/11/25
Date

Circle One:

Approved

Not Approved

[Signature]
Principal

5/11/25
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

[Signature] [Signature]

5/30/25

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Todd County Middle School
Activity Account	Cheerleading
External Support/Booster Organization	
Name of Fundraiser	Nothing Bundt Cakes
Website (if applicable)	
Sponsor	Andrew & Makayla
Date Submitted	5-7-25

Purpose of fundraising activity:

to help cover cost for fees, clothes, props,
signs etc.

Items to be sold or items requested for donation:

Nothing Bundt Cakes

Beneficiary/sport of fundraising activity:

Cheer

Anticipated profit and plans for excess funds:

\$1000
put in Cheer acct.

Date(s) scheduled:

~~May 29~~ May 29 - June 9th

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

Andrew & Makayla

Andrew Copping
Sponsor

5/7/25
Date

Circle One:

Approved

Not Approved

[Signature]
Principal

5/7/25
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

[Signature] - AC

5/30/25

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Todd County Middle School
Activity Account	Dance Team
External Support/Booster Organization	
Name of Fundraiser	Trash Pick-up
Website (if applicable)	
Sponsor	LeAnn Russell
Date Submitted	5-6-25

Purpose of fundraising activity:

Dance Uniforms

Items to be sold or items requested for donation

Beneficiary/sport of fundraising activity:

Anticipated profit and plans for excess funds:

Date(s) scheduled: 6-7-25

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

LeAnn Russell, Leslie Vass, Alesha Laster
Krista Stratton

LeAnn Russell

Sponsor

5-6-25

Date

Circle One

Approved

Not Approved

Principal

5/6/25

Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

S - AC

5/30/25

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	TCMS Baseball
Activity Account	Baseball
External Support/Booster Organization	
Name of Fundraiser	Dinner At the Ball Park
Website (if applicable)	
Sponsor	Chris Luna
Date Submitted	5/9/25

Purpose of fundraising activity:

Equipment

Items to be sold or items requested for donation:

Dinner tickets for a dinner at night at the ball park

Beneficiary/sport of fundraising activity:

Baseball

Anticipated profit and plans for excess funds:

900.00

Date(s) scheduled:

TBA

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

Chris Luna

Chris Luna

Sponsor

5/9/2025

Date

Circle One:

☒ Approved

☐ Not Approved

Principal

5/9/25
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

S - AL 5/30/25

**SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Todd County Middle School
Activity Account	Dance Team
External Support/Booster Organization	L...
Name of Fundraiser	The Color of Dance
Website (if applicable)	
Sponsor	LeAnn Russell
Date Submitted	5-12-25

Purpose of fundraising activity:

Dance Uniforms

Items to be sold or items requested for donation

Beneficiary/Port of fundraising activity:

Anticipated profit and plans for excess funds:

Date(s) scheduled:

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

LeAnn Russell, Margaret Cline

LeAnn Russell
Sponsor

5-12-25
Date

Circle One:

Approved

Not Approved

[Signature]
Principal

5/12/25
Date

SBDM Council (If Council Policy)

Date

Board Approval Date
(if applicable)

GA 5/30/25