

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member(s): Fatima DeCorte Date: 3/12/25

Club Name: PBSIS

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Petal Wars - competition among floors

Purpose of Fund Raiser: raise funds for PBSIS rewards

Start Date of Project: 4/28/25 Completion Date of Project: 5/2/25

Date of Sale(s): From 4/28/25 To: 5/2/25

Sale Area/Location: outside office

Sale will be monitored by: F. DeCorte

***** ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD *****

Vendor Representative's Name: n/a

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ 1.00

Total Cost of all Products Not to Exceed: \$ 0

Minimum Total Profit Expected: \$ 150.00

Faculty Advisor Signature

Signature: [Signature] Date: 3/12/25

(Vice) Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: ☐ YES ☐ NO By: _____