



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 6/11/2024

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Blast Fundraiser

Purpose of Fund Raiser: Raise funds for 2024/2025 production costs

Start Date of Project: 12/18/2024 Completion Date of Project: 6/1/2025

Date of Sale(s): From 12/18/2024 To: 6/1/2025

Sale Area/Location: Online

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: Blast Athletics

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ Donations

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

Minimum Total Profit Expected: \$ 2000

Faculty Advisor Signature

Signature: Melissa Hannon Date: 11/11/2024

Vice Principal Signature

Signature: [Signature] Date: 11/11/24

School Treasure Signature

Signature: [Signature] Date: 11/13/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): DANANA Langley Date: 11/11/24
 Club Name: Cheerleading
 Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Tape a teacher/admin
 Purpose of Fund Raiser: Cheer Clinic, future cheer camp, cheer gear, etc.

Start Date of Project: 11/6/24 Completion Date of Project: 6/30/25
 Date of Sale(s).....From: 11/6/24 To: 6/30/25

Sale Area/Location: VHS
 Sale will be monitored by: DANANA Langley

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

Vendor Representative's Name: _____
 Vendor Business Name: _____
 Vendor Address: _____
 City: State & Zip code: _____
 Unit Cost of Product/Service: \$ _____
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ _____
 Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>11/11/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>11/11/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>11/13/24</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 11/12/2024

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Musical Production - In the Heights - Ticket Sales

Purpose of Fund Raiser: Raise funds for production costs

Start Date of Project: 9/1/2024 Completion Date of Project: 1/20/2025

Date of Sale(s): From 12/18/2024 To: 1/19/2025

Sale Area/Location: online, in lobby

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: Ludus Ticketing

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ 15 each

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

Minimum Total Profit Expected: \$ 10,000

Faculty Advisor Signature

Signature: Melissa Hannon Date: 6/11/2024

Vice Principal Signature

Signature: [Signature] Date: 11/11/24

School Treasure Signature

Signature: [Signature] Date: 11/13/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Daly & K. Richardson Date: 11/11/2024

Club Name: National Honor Society

Acct. No.: 2049 Acct. Balance to Date: _____

Type of Fund Raiser: Holiday Movie Night / Winters Wonderland

Purpose of Fund Raiser: Raise funds for end of year NHS activity/materials

Start Date of Project: 12/19/2024 Completion Date of Project: 12/20/2024

Date of Sale(s): From _____ To: _____

Sale Area/Location: Event will be in Cafeteria A

Sale will be monitored by: J. Daly & K. Richardson

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] Date: 11/11/2024

Vice Principal Signature

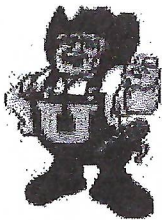
Signature: [Signature] Date: 11/11/24

School Treasure Signature

Signature: [Signature] Date: 11/13/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Elizabeth Boakye Date: 11/11/24
 Club Name: National French Honor Society
 Acct. No.: 2040 Acct. Balance to Date: \$ 329.68

Type of Fund Raiser: Snack sales
 Purpose of Fund Raiser: Raise money to support a field trip to the United Nations Headquarters and to support the clubs induction ceremony in May.

Start Date of Project: 05/02/25 Completion Date of Project: 05/30/25
 Date of Sale(s).....From: 12/01/24 To: 03/31/25

Sale Area/Location: Cafeteria and main lobby afterschool
 Sale will be monitored by: Elizabeth Boakye

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

Vendor Representative's Name: Cindy Schwitz
 Vendor Business Name: Old Fashion Candy Company
 Vendor Address: P.O Box 3367
 City: State & Zip code: Evansville, IN 47732
 Unit Cost of Product/Service: \$ 70.80 / \$ 50.00
 Proposal Sale Price: \$ 1.00
 Total Cost of all Products Not to Exceed: \$ 200.70
 Minimum Total Profit Expected: \$ 200.00

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>11/11/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>11/11/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>11/13/24</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



The Old Fashion Candy Co., Inc. P.O. Box 3367 Evansville, IN 47732 (800) 500-1234

Quote

Quote Date: 11/04/24 (This Quote is valid 60 days from this date.)

Customer Code: 9088516500

Company: UNION HIGH SCHOOL

Customer Name: ELIZABETH BOAKYE

Billing Info: 2350 N 3RD ST
UNION, NJ 07083-5085

<u>Product Description</u>	<u>Qty</u>	<u>Case Price</u>	<u>Total</u>
BAG OF 5 REESE CUPS**FREE**	3	\$0.00	\$0.00
CHOCOLATE PRETZELS ASSORTED	2	\$50.00	\$100.00
MEGA VARIETY \$2	1	\$70.80	\$70.80

Subtotal: \$170.80
Freight: \$29.90
Sales Tax: \$0.00
Total: \$200.70

Account Representative: CINDY

THANK YOU FOR YOUR INTEREST!

ADDITIONAL FREE ITEMS WILL BE SENT TO COVER SHIPPING COST (EXCLUDES BROCHURE ITEMS)
TERMS: 30 DAYS FROM RECEIPT OF MERCHANDISE - FOOD ITEMS ARE NON-RETURNABLE

OLD FASHION CANDY COMPANY - HAVE FUN RAISING MONEY!

JEFFERSON

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Fatima DeCorte Date: 11/12/24

Club Name: PBSIS

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

Type of Fund Raiser: PBSIS rewards

Purpose of Fund Raiser: raise funds for PBSIS rewards

Start Date of Project: 12/16/24 Completion Date of Project: 12/20/24

Date of Sale(s): From 12/16/24 To: 12/20/24

Sale Area/Location: _____
Sale will be monitored by: F. De Corte

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

Vendor Representative's Name: Amazon

Vendor Business Name: Amazon

Vendor Address: na

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 1.08

Proposal Sale Price: \$ 2.00

Total Cost of all Products Not to Exceed: \$ 200.00

Minimum Total Profit Expected: \$ 150.00

Faculty Advisor Signature

Signature: [Signature] Date: 11/12/24

(Vice) Principal Signature

Signature: [Signature] Date: 11/12/24

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

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