



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): WALTER DIVARADO Date: 2/4/24

Club Name: JROTC

Acct. No.: 2501 Acct. Balance to Date: _____

Type of Fund Raiser: CASH COLLECTION FROM STUDENT / FACULTY

Purpose of Fund Raiser: FUNDS FOR JROTC TO ATTEND DRILL
NATIONALS IN DAYTONA BEACH, FL
4-5 MAY 1 2024

Start Date of Project: MAR 4, 2024 Completion Date of Project: MAR 8, 2024

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

Sale Area/Location: _____

Sale will be monitored by: COL (RGA) WALTER DIVARADO

***** 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: 2/12/24

Vice Principal Signature

Signature: [Signature] Date: 2/12/24

School Treasure Signature

Signature: [Signature] Date: 2/12/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Walter Alvarado Date: 2/12/24

Club Name: JROTC

Acct. No.: 2501 Acct. Balance to Date: _____

Type of Fund Raiser: Online Blast Fundraiser

Purpose of Fund Raiser: ACQUIRE FUNDS TO ATTEND DRILL NATIONALS
IN DAYTONA BEACH, FL ON MAY 4-5, 2024

Start Date of Project: 2/20/24 Completion Date of Project: 4/30/24

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

Sale Area/Location: _____

Sale will be monitored by: COL (RET) WALTER L ALVARADO

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

Vendor Representative's Name: Blast Athletics

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: 2/12/24

Vice Principal Signature

Signature: [Signature] Date: 2/13/24

School Treasure Signature

Signature: [Signature] Date: 2/12/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): WALTER ALVARADO Date: 2/7/24

Club Name: JROTC

Acct. No.: 2501 Acct. Balance to Date: _____

Type of Fund Raiser: DISTRICT WIDE DRESS DOWN DAY

Purpose of Fund Raiser: FUNDS FOR JROTC TO ATTEND DRILL
NATIONALS IN DAYTONA BEACH, FL
MAY 4-5, 2024

Start Date of Project: FEB, MAR, APR Completion Date of Project: _____

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

Sale Area/Location: _____

Sale will be monitored by: _____

*****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: 2/24/24

Vice Principal Signature

Signature: [Signature] Date: 2/17/24

School Treasure Signature

Signature: [Signature] Date: 2/12/24

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): WALTER ALVARADO Date: 2/4/24

Club Name: JROTC

Acct. No.: 2501 Acct. Balance to Date: _____

Type of Fund Raiser: CANDY SALES

Purpose of Fund Raiser: FUNDS FOR JROTC TO ATTEND DRILL
NATIONALS IN DAYTONA BEACH, FL
MAY 4-5, 2024

Start Date of Project: 3/1/24 Completion Date of Project: 4/30/24
Date of Sale(s): From _____ To: _____

Sale Area/Location: _____

Sale will be monitored by: COL (RET) WALTER ALVARADO

*****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: 2/17/24

Vice Principal Signature

Signature: [Signature] Date: 2/17/24

School Treasure Signature

Signature: [Signature] Date: 2/12/24

Placed on BOE Meeting Agenda for:

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