

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly Date: 1/22/25

Club Name: UHS Softball

Acct. No.: 3340 Acct. Balance to Date: _____

Type of Fundraiser: Dress Down - UHS Softball

Purpose of Fundraiser: Raise money for end of the year banquet, Senior Day, etc.

What are you selling? _____

Start Date of Project: 2/19/25 Completion Date of Project: 6/30/25

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

Sale Area/Location: UHS

Sale will be monitored by: S. Daly

*****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: 1/22/25

(Vice) Principal Signature

Signature: [Signature] Date: 1/22/25

School Treasure Signature

Signature: [Signature] Date: 1/22/25

Placed on BOE Meeting Agenda for:

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

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Corey Baker Date: 1/22/25

Club Name: Boys Volleyball

Acct. No.: 3335 Acct. Balance to Date: _____

Type of Fundraiser: Online Fundraiser

Purpose of Fundraiser: TO raise money for End of the year celebration and Senior gifts

What are you selling? online

Start Date of Project: 2/18/25 Completion Date of Project: 6/25/25

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

Sale Area/Location: _____

Sale will be monitored by: Corey Baker

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

Vendor Representative's Name: Evan Okamoto

Vendor Business Name: Leading Edge

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: 1/22/25

(Vice) Principal Signature

Signature: [Signature] Date: 1/22/25

School Treasure Signature

Signature: [Signature] Date: 1/22/25

Placed on BOE Meeting Agenda for:
Month: _____ Year: _____ Approved: YES NO By: _____