



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Carlos Esquivel / Paul Campbell Date: 1/28/25
 Club Name: MARCHING BAND
 Acct. No.: 2033 Acct. Balance to Date: _____

Type of Fund Raiser: Theatrical Performances w/ guests
 Purpose of Fund Raiser: RAISE BAND FUNDS FOR 24, 25, 26 BAND SEASON

Start Date of Project: 6/5/25 Completion Date of Project: 6/2/25
 Date of Sale(s).....From: 6/7/25 To: 6/7/25

Sale Area/Location: UHS THEATRE
 Sale will be monitored by: CARLOS ESQUIVEL, PAUL CAMPBELL

***** 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: \$ 0
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ 0
 Minimum Total Profit Expected: \$ 1500

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>1/28/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>2/3/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>2/3/25</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): M. Hannon Date: 1/31/25

Club Name: UHSPAC

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

Type of Fund Raiser: UHSPAC Apparel Sale

Purpose of Fund Raiser: Raise funds for production costs, scholarships, and other needs

Start Date of Project: 1/3/25 Completion Date of Project: 6/1/25

Date of Sale(s).....From: 2/19/25 To: 5/30/25

Sale Area/Location: online

Sale will be monitored by: M. Hannon

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

Vendor Representative's Name: Custom Ink

Vendor Business Name: _____

Vendor Address: _____

City: State & Zip code: _____

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ 15 - 50

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

Minimum Total Profit Expected: \$ 500

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>1/31/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>2/3/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>2/3/25</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____