



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Theresa Wong Date: 1/19/25
 Club Name: Red Cross Club
 Acct. No.: _____ Acct. Balance to Date: 0

Type of Fund Raiser: Snacks / baked goods / candy
 Purpose of Fund Raiser: TO raise funds for victims of California Wildfires - All proceeds to be donated (Sale will be labelled as raising funds for social wildfire victims).

Start Date of Project: _____ Completion Date of Project: _____
 Date of Sale(s).....From: 2/1/25 To: 4/15/25

Sale Area/Location: UTS (front area by Auditorium / back area / halls)
 Sale will be monitored by: Theresa Wong

***** 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: \$ 71-00

Total Cost of all Products Not to Exceed: \$ 200.

Minimum Total Profit Expected: \$ 50-100+ (by end of year)

Faculty Advisor Signature	
Signature: <u>Theresa Wong</u>	Date: <u>1/19/25</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>1/31/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>2/5/25</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): Theresa Wong Date: 1/19/25
 Club Name: Red Cross Club
 Acct. No.: _____ Acct. Balance to Date: 0

Type of Fund Raiser: Snacks/Prepack goods
 Purpose of Fund Raiser: To raise funds for club for the students in club

Start Date of Project: 2/1/25 Completion Date of Project: 4/15/25
 Date of Sale(s).....From: 2/1/25 To: 6/15/25

Sale Area/Location: UHS-hallways, Rock Area, front inside area
 Sale will be monitored by: Theresa Wong

***** 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: \$ 71
 Total Cost of all Products Not to Exceed: \$ 75-
 Minimum Total Profit Expected: \$ 100 (by end of year)

Faculty Advisor Signature	
Signature: <u>Theresa Wong</u>	Date: <u>1/19/25</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>1/31/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>2/5/25</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____