



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Kohn, Meixner, C. Baker, Musarra, Mincolelli Date: 6-14-23

Club Name: Club T.E.S.S.L.O and Play Unified

Acct. No.: 2066 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Selling bottled water and snacks

Purpose of Fund Raiser: Play Unified and Club T.E.S.S.L.O give students with and without disabilities the opportunity to participate in inclusive sports/activities to help build an inclusive environment and to help build meaningful, true friendships

Start Date of Project: 9-7-23 Completion Date of Project: 6-17-23

Date of Sale(s): From 9-7-23 To: 6-17-23

Sale Area/Location: G116, G123, G115, B104

Sale will be monitored by: Kohn, Meixner, C. Baker, Mincolelli, Musarra

\*\*\*\*\* 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: \$ \$4.00-\$33.00 price may vary

Proposal Sale Price: \$ \$1.00

Total Cost of all Products Not to Exceed: \$ \$1500.00

Minimum Total Profit Expected: \$ \$15.00-\$25.00 per unit

### Faculty Advisor Signature

Signature: [Signature] Date: 6/15/23

### Vice Principal Signature

Signature: [Signature] Date: 6/19/23

### School Treasure Signature

Signature: [Signature] Date: 6/19/23

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Kohn, C. Baker, Date: 6-14-23

Club Name: Play Unified

Acct. No.: 2066 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Thanks4giving Cool School Challenge Dash and Splash

Purpose of Fund Raiser: Raise money for Play Unified and give students with and without disabilities the opportunity to participate in inclusive sports/activities to help build an inclusive environment and to help build meaningful, true friendships

Start Date of Project: 9-17-23 Completion Date of Project: 11-22-23

Date of Sale(s): From 9-17-23 To:- 11-22-23

Sale Area/Location: Online, district wide and in the community

Sale will be monitored by: Kohn, and C. Baker

\*\*\*\*\*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: 6/15/23

### Vice Principal Signature

Signature: [Signature] Date: 6/15/23

### School Treasure Signature

Signature: [Signature] Date: 6/17/23

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Marabuto, Niotis, Savarese Date: 6/14/23

Club Name: 1st Gr. Field Trip

Acct. No.: 2011 Acct. Balance to Date: 308.78

Type of Fund Raiser: Monthly Kindness Grams (Treat & Note)

Purpose of Fund Raiser: To raise money to have bunnies and ladybugs in the classroom

Start Date of Project: Sept. 2023 Completion Date of Project: Dec. 2023

Date of Sale(s): From 9/11/23 To: 12/30/23

Sale Area/Location: Connecticut Farms Elementary School

Sale will be monitored by: Mrs. Marabuto, Mrs. Niotis, Ms. Savarese

\*\*\*\*\*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: Erin Marabuto Date: 6/14/23

### Principal Signature

Signature: Michelle C. U Date: 6/23/2023

### School Treasure Signature

Signature: Nancy Egan Date: 6/23/23

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Heather Dube Date: 6/20/23

Club Name: Varsity Gymnastics

Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Online team store

Purpose of Fund Raiser: Raise money to offset gym costs  
& apparel

Start Date of Project: Sept Completion Date of Project: Oct

Date of Sale(s): From \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: \_\_\_\_\_

Sale will be monitored by: Dube

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

Vendor Representative's Name: ~~Kix n Stix~~ Jen

Vendor Business Name: Kix n Stix

Vendor Address: 111 Market St

City: Kenilworth State & Zip code: NJ

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: 6/20/23

### Vice Principal Signature

Signature: [Signature] Date: 6/21/23

### School Treasure Signature

Signature: [Signature] Date: \_\_\_\_\_

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Heather Duke Date: 6/20/23  
 Club Name: Varsity Gymnastics  
 Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Blast Fundraising  
 Purpose of Fund Raiser: raise money to offset gym costs + apparel

Start Date of Project: TBD Completion Date of Project: TBD  
 Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: phone / computer  
 Sale will be monitored by: Duke

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

Vendor Representative's Name: Rudy Hierling  
 Vendor Business Name: Blast Fundraising  
 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: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: <u>Heather Duke</u>	Date: <u>6/20/23</u>
<b>Principal/Vice Principal Signature</b>	
Signature: _____	Date: <u>6/21/23</u>
<b>School Treasurer Signature</b>	
Signature: <u>Anne Branco</u>	Date: _____
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____