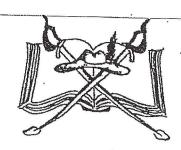


BURNET MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL



Applicant Information
Faculty Member (s): SOAN, EVIN . Date: 6/20/20/
Club Name: Student Council
Acct. No.: 2012 Acct. Balance to Date:
Type of Fund Raiser: Snack Saler Field Day: Community Event S
Purpose of Fund Raiser: Funding Club Initiatives and Community service projects
Start Date of Project: Date of Sale(s): From Sale Area/Location: Completion Date of Project: U 1925 To: U 1925
Sale will be monitored by: E. S 10 and
***********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD***********
Vendor Representative's Name:
Vendor Business Name:
Vendor Address:
Vendor Address:
Vendor Address: City: State & Zip code:
Vendor Address: City: State & Zip code: Unit Cost of Product/Service: \$
Vendor Address: City: State & Zip code: Unit Cost of Product/Service: \$
Vendor Address: City: State & Zip code: Unit Cost of Product/Service: \$ Proposal Sale Price: \$ Total Cost of all Products Not to Exceed: \$
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: Signature Signature
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: \$ Signature: Date: 0 20 Signature: Date: 0 29 Signature: Date: 0 29 Signature: Date: 0 29 Signature: Date: 0 29 Signature: Date: 0 29
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: Signature: Date: 0 20 29 Signature: Date: 0 20 29 Signature: Date: 0 20 29 Signature: Signature



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s): Cassi cuo	Dos	ant Inform Sauto		*	Date: 5/89/24
Club Name: Union GINS	Socc				
132 C			Acct. Balance	to Date:	
Type of Fund Raiser: 5nack	Sale				
Purpose of Fund Raiser: Senior	Night				
·					
Start Date of Project:	15/24			f Project:	10/15/24
Date of Sale(s): From 9/	15/24		То	1	5/24
Sale Area/Location: Sch	1000		,		3/2
Sale will be monitored by:	5:000	Dos	Sauto	S	

**********ATTACH PUBLICA	TION FRO	M VEND	OR OF ITE	MS TO BE	E SOLD*******
Vendor Representative's Name:			<u> </u>		
Vendor Business Name:					
Vendor Address:					,
City:					
Unit Cost of Product/Service:		•			
Proposal Sale Price:		\$			
Total Cost of all Products Not to Exceed	4.	\$			
Minimum Total Profit Expected:	4.	\$			
	0	. Ψ			
Signature:	Faculty A	dvisor Sig	gnature		
Olgitataro.		5		Date:	5/29/24
Signature:	Vice Pri	ncipal Sig	nature		
Signature.				Date:	5/29/24
Signature	School Tr	reasure Si	gnature		
Signature: AMUE	nan	4	,	Date:	5/29/24
Plac	ed on BO	E Meeting	Agenda for:		HAND TO MINISTER WAS IN
Month: Year:	Appro	YES ved:	NO	Ву:	



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s): _	Cassiano	Applicant	Informa Sout			Date:	chalau
Club Name: Unit				.00		Date.	194194
- 1120 Hamoi <u>O(1) (1)</u>	011 0113	Oucce					
Acct. No.: 330			Ac	ct. Balance t	to Date:		
Type of Fund Raiser:	Clothia	a Sala	- / R-	D Pro	motion	5	
Purpose of Fund Rais							ne
year party.							
					-		
Start Date of Project:	9/11	วน	Comple	etion Date of	Projects	9/15/22	1
Date of Sale(s): From	9/12	34		To		1112/00	
Sale Area/Location:	Scho	001		,	-415/0	1	
Sale will be monitored	lby: <u>Cas</u> e	siave s	Dos	Sautos)		
**************************************	CH PUBLICATI		VENDO				
Vendor Representativ	e's Name:	K	VENDO	ROFITEN	NS TO BE	SOLD	******
Vendor Business Nam	ne:	Promot	ions				
Vendor Address:	64 Van 1		10		**		
City: Mill+on		State & Z	ip code:	n. J	08850		
Unit Cost of Product/S	Service:		\$				
Proposal Sale Price:	ř		\$				
Total Cost of all Produ			\$				
Minimum Total Profit I	Expected:		\$ 500				
		Faculty Adv	isor Sigr	nature			
Signature:			<u> </u>		Date:	5/29	24_
Cianatura		Vice Princi	pal Signa	ature	8 \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Signature:		-8			Date:	5/29/	24.
Signature:	40 ()	School Treas	sure Sig	nature			
Signature.	ACT TOV	unu	9		Date:_C	512917	4
	Place	d on BOE M	leeting A				
Month:	Year:	Approved		NO	Ву:		



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information Faculty Member (s): Marissa Fowalskie Date: 6/13/24
Club Name: Union High School Field Hockey
Acct. No.: 3290 Acct. Balance to Date:
Type of Fund Raiser:
Purpose of Fund Raiser: TO Vaise Many for the UHS HH team.
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: Start Date of Project: To: To: Sale Will be monitored by: Many Sale Area/Location Date of Project: To: Mich High School Annie Brance
********************************** Vendor Representative's Name: World's fivest Chocolate
Vendor Business Name: Kastle Kreations - Tricia Topal
Vendor Address: 3 Cass State & Zip code: NS 07735 City: Cupwit State & Zip code: NS 07735
Unit Cost of Product/Service: \$
Proposal Sale Price:
Total Cost of all Products Not to Exceed: \$
Minimum Total Profit Expected: \$
Signature: W Course Date: 6 3 2 1
Signature: Date: 6/18/24
Signature: Date: 61424
Placed on BOE Meeting Agenda for:
YES NO



Faculty Member (s): Wia Saladin	Date: 6/13/24
Club Name: Key Club Acct. No.: 46 Acct. Balance to Dat	e:
Type of Fund Raiser: SNACK Sale Purpose of Fund Raiser: Raise money for DE (UNVENTION)	-con (annual
Start Date of Project: Sep 2024 Completion Date of Date of Sale(s)From: Sep 2094 To:To:	Project: June 3025
Sale Area/Location: Refere / After School LIC Sale will be monitored by: Julia Salading	25
*********ATTACH PUBLICATION FROM VENDOR OF ITEM	1S TO BE SOLD********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service: \$Vox &Vox & &	
Proposal Sale Price: \$ V() y i C)	
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$ \GO	
Faculty Advisor Signature	
Signature: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Date: 6/13/24
V Principal/Vice Principal Signature	
Signature: William loss	Date: 6/18/24
School Treasurer Signature	
Signature:	Date: 4 20/24
Placed on BOE Meeting Agenda For	
Month: Year: Approved: YES NO	Ву:



Faculty Member (s): Julia Saladino Club Name: Key Con	Date: 6/13/24
Acct. No.: 46 Acct. Balance to Date):
Type of Fund Raiser: _ Fee Cream Social Purpose of Fund Raiser: _ Paise money for CAUCATION	DECON (CINNUS
Start Date of Project: Sev 2024 Completion Date of F Date of Sale(s)From:	Project: OCT, 2024
Sale Area/Location: Cafe Sale will be monitored by: Julia Saladia	
********ATTACH PUBLICATION FROM VENDOR OF ITEM	S TO BE SOLD*******
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service: \$Va e S	
Proposal Sale Price: \$ \dagger \alpha \text{vre}	
Total Cost of all Products Not to Exceed: \$ \$ 100	
Minimum Total Profit Expected: \$\\$\ \text{5}\ \text{1}\ \text{0}\ \text{0}\	
Faculty Advisor Signature	
10000000	Date: 6/13/2 \
Principal/Vice Principal Signature	
Signature: The last	Date: 6/18/24
School Treasurer Signature	
Signature:	Date: 4/20/26
Placed on BOE Meeting Agenda For:	
Month: Year: Approved: YES NO	Ву:



Faculty Member (s): Julia Club Name: Key Club Acct. No.: 46	Saladino	Date: 6/13/24
	Acct. Balance to Dat	e:
Purpose of Fund Raiser: Raiser: Raiser: Raiser:		SECON Cannoa)
Start Date of Project:	Completion Date of To: June	Project: June 2025
Sale Area/Location: Main Sale will be monitored by: Jolia	Lobby after s	school
*********ATTACH PUBLI	CATION FROM VENDOR OF ITEM	S TO BE SOLD********
Vendor Representative's Name:		
Vendor Business Name:		
Vendor Address:		
City: State & Zip code:		
Unit Cost of Product/Service:	\$ Varies	
Proposal Sale Price:	\$ Varies	
Total Cost of all Products Not to Ex	cceed: \$ 5000 25 (L	ill have member
Minimum Total Profit Expected:	\$ 5d d	chations!
Nation	Faculty Advisor Signature	
Signature:	HUMUUN	Date: 6/13/2024
U	Principal/Vice Principal Signature	
Signature:		Date: 6/18/14
OAA	School Treasurer Signature	
Signature:		Date: 0 20
	Placed on BOE Meeting Agenda For:	
Month: Year:	Approved: YES NO	Ву:



Faculty Member (s): Saladino	Date: 6/13/24
Club Name: FEY Club Acct. No.: 4C Acct. Balance to Date	e:
Type of Fund Raiser: Halloween Candy-goody Purpose of Fund Raiser: Paise money for Convention	
Start Date of Project: OCTOBER 2024 Completion Date of Date of Sale(s)From: OCTOBER 2024 To: OCTOBER	Project: OCtober 202
Sale Area/Location: Students may pre-order in Sale will be monitored by: Julia Saladine	lunch periods/co
**********ATTACH PUBLICATION FROM VENDOR OF ITEM	IS TO BE SOLD********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service: \$ Varies	
Proposal Sale Price: \$ Vavies	
Total Cost of all Products Not to Exceed: \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Minimum Total Profit Expected: \$ \$ 100	
Faculty Advisor Signature	
Signature:	Date: 6/13/2024
Principal/Vice Principal Signature	
Signature: Tilly the	Date: 6/18/24
School Treasurer Signature	
Signature:	Date: 4 / 20
Placed on BOE Meeting Agenda For:	
Month: Year: Approved: YES NO	Ву:



	Apı	plicant Info	ormation			
Faculty Member (s):Meli	ssa Hannon				Date:_	6/11/24
Club Name: UHSPAC		· · · · · · · · · · · · · · · · · · ·				
Acct. No.: 2077			Acct. Ba	alance to Date	:	
T(5 D.	**********					
Type of Fund Raiser: Car \	wasn					
Purpose of Fund Raiser: Rai	se funds for 20	024/2025 p	roductio	ns		
Start Date of Project:	8/1/2024	Co	ompletion I	Date of Projec	t: 5/1/2025	5
Date of Sale(s): From	8/11/2024			To: 8/11		
Sale Area/Location:	Behind BOE					
Sale will be monitored by:	Melissa Hann	on				
**************************************				TITEMS TO		(8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Vendor Business Name:		7				
Vendor Address:						
City:		ate & Zip co		***		
Unit Cost of Product/Service:		\$	NA (don	nated)		
Proposal Sale Price:		\$ 4		10-15 pe	rcar	
Total Cost of all Products Not			AV	,		
Minimum Total Profit Expected	l:	\$_5	00	****		
Signature:	Melisse	ty Advisor A Harron		D	oate: 6/11/20	024
Signature:	CK)	Principal S		D	Date: 6/(3/	124
Signature:	Schoo	l Treasure	Signatur		Pate: U	12/2014
Month: Year:	Placed on I	BOE Meeti Ye pproved:	S NO			
1		7	- U	Ву:		
	6/1	11/24				



Faculty Member (s): Meliss		Date: 6/11/2024
Club Name: Chorus/Band	Fundraising, UHS	PAC, Advanced Musical Theatre
Acct. No.: 2045/2077/200)1	Acct. Balance to Date:
Type of Fund Raiser: Cand		
Purpose of Fund Raiser: Ra Advanced Musical Theatr		025 productions, 2025 competition trip, and roduction
Start Date of Project:	8/1/2024	Completion Date of Project: 6/1/2025
Date of Sale(s): From	9/1/2024	To: 6/1/2025
Sale Area/Location:	individual sales	
Sale will be monitored by:	Melissa Hannon	
Vendor Representative's Name Vendor Business Name: Vendor Address:	eedom Fundraising	
City:	State & 7	Zip code:
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not t Minimum Total Profit Expected		<pre>\$_approx \$80 per box \$_2 per bar/\$120 per box \$_ \$_1000</pre>
Signature: Melissa Hand	Faculty Adv	visor Signature Date: 6/11/2024
Signature: Willy C	Vice Princ	ipal Signature Date: 6/13/24
Signature:	Wa	Date: U(12
Month: Year:	Approve	YES NO

11/24



Applican	t information
Faculty Member (s): Melissa Hannon	Date: 6/11/2024
Club Name: Chorus/Band Fundraising, UHS	PAC, Advanced Musical Theatre
Acct. No.: 2045/2077/2001	
Type of Fund Raiser: ShopRaise	
Purpose of Fund Raiser: Raise funds for 2024/20 Advanced Musical Theatre student-directed pr	
	upporters' everyday shopping through major retailers
when they use the app	upporters everyday snopping through major retailers
Start Date of Project: 8/1/2024	Completion Date of Project: 6/1/2025
Date of Sale(s): From 9/1/2024	To: 6/1/2025
Sale Area/Location: online	
Sale will be monitored by: Melissa Hannon	
********ATTACH PUBLICATION FROM	VCNDOD OF ITEMS TO DE COLDENS
Vendor Representative's Name:	
Vendor Business Name: ShopRaise	
Vendor Address: online organization	
City: State & 2	Zip code:
Unit Coot of Product/Samilar	
Unit Cost of Product/Service: Proposal Sale Price:	\$ <u>0</u>
Total Cost of all Products Not to Exceed:	\$ NA \$ NA
Minimum Total Profit Expected:	\$ 300
	\$ 300
Faculty Adv Signature: Melissa Harron	risor Signature
	Date: 6/11/2024
Signature: Vice Princi	pal Signature
Signature. WWW 700-7	Date: 6/13/24
School Trea	sure Signature
Signature:	Date: (// (2
Placed on BOE iv	eeting Agenda for:
Month: Year: Approved	YES NO
1.1.	
///// 6/11/2	U
111/0 -11/	



Faculty Member (s): Melissa Hannon Club Name: Chorus/Band Fundraising + DHS PAC Acct. No.: 2045 2077 Acct. Balance to Date: Type of Fund Raiser: Blast Fundraiser Purpose of Fund Raiser: Raise funds for 2025 competition trip + 2024 2025 poduction Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025 Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon *********************************
Acct. No.: 2045 2D77 Acct. Balance to Date: Type of Fund Raiser: Blast Fundraiser Purpose of Fund Raiser: Raise funds for 2025 competition trip + 2024 2025 production Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025 Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon *********************************
Type of Fund Raiser: Blast Fundraiser Purpose of Fund Raiser: Raise funds for 2025 competition trip + 2024 2025 production Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025 Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon *********************************
Purpose of Fund Raiser: Raise funds for 2025 competition trip + 2024 2025 poliution Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025 Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon *******ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********* Vendor Representative's Name:
Start Date of Project: 8/1/2024 Completion Date of Project: 5/1/2025 Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon ***********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD************************************
Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon **********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********** Vendor Representative's Name:
Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon **********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********** Vendor Representative's Name:
Date of Sale(s): From 8/1/2024 To: 4/1/2025 Sale Area/Location: Online Sale will be monitored by: Melissa Hannon ***********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********** Vendor Representative's Name:
Sale Area/Location: Sale will be monitored by: *********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD******** Vendor Representative's Name:
*********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********* Vendor Representative's Name:
Vendor Representative's Name:
Vendor Business Name: Blast Fundraising
Vendor Address:
City: State & Zip code:
Unit Cost of Product/Service: \$ O
Proposal Sale Price: \$ # Dona Hons
Total Cost of all Products Not to Exceed: \$_\(\bigcirc\)
Minimum Total Profit Expected: \$1000
Faculty Advisor Signature Signature:
Vice Principal Signature
Signature: Date: 6/13/24
Cincil Tall

11/24



			Applicant li	nforma	ation		
Faculty Mem	ber (s): <u>Me</u>	lissa Hannon					Date: 6/11/2024
Club Name:	Chorus/E	Band Fundrais	ing & UHSI	PAC			
Acct. No.:	2045/2077	7		A	cct. Balance	to Date:	
Type of Fund	Raiser: Po	opcorn sale			*******		
Purpose of F	und Raiser:	Raise funds f	or 2024/2025	5 produ	uctions and	l 2025 com	petition trip
Start Date of	Project:	8/1/2024		Comp	letion Date o	f Project:	5/1/2025
Date of Sale(s): From	9/1/2024		•		o: 12/1/202	
Sale Area/Lo	cation:	Online					
Sale will be n	nonitored by:	Melissa F	lannon				
Vendor Repre	esentative's N	I PUBLICATION Name: Double Goo					SOLD*******
Vendor Addre	ess:	, 1984					
City:							
Unit Cost of F	Product/Servi	ce:	\$	6_0_			
Proposal Sale					rox \$12 pc	er bag	
Total Cost of all Products Not to Exceed:				NA_			
Minimum Tot	al Profit Expe	ected:	\$	500			
Signature: _	Melissa	Fa Harron	aculty Advis	or Sig	nature	Date:_	6/11/2024
Signature: _	Ville	1 BAD	/ice Principa	al Sign	ature	Date:_	b/13/24
Signature: _	gn	So	hool Treasu	ıre Sig	jnature 	Date:_	Ce 117
Month:	Yea		on BOE Me	eting /	Agenda for NO □	By:	
			Approved.			Бу	

16/11/24



Kohn, Meixner, Musarra, self contained p	0/14/24
Club Name: Not for a club- For the self contained/WBL pro	ogram at UHS
Acct. No.: Acct. Balar	nce to Date:
Type of Fund Raiser: Donors choose	200 0 7 20 20 20 20 20 20 20 20 20 20 20 20 20
Purpose of Fund Raiser:	
To fundraise for items needed for our programs	
Start Date of Project: 9/1/24 Completion	on Date of Project: AUGUST 2025
Date of Sale(s)From:To:	Date 0.1 Toject
Sale Area/Location: Online	
Sale will be monitored by: Kohn, Meixner, Musarra, self co	ntained paras
********ATTACH PUBLICATION FROM VENDOR	OF ITEMS TO BE SOI D********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service: \$	
Minimum Total Profit Expected: \$	
Faculty Advisor Signat	ure
Signature:	Date: 6 14 24
Principal/Vice Principal Sig	gnature
Signature:	Date: 6/17/24
School Treasurer Signa	ture
Signature:	Date: 4 17/24
Placed on BOE Meeting Age	nda For:
Month: Year: Approved: YES NO	By:



			Applicant Ir	nformation			
raculty Membe	er (s): Ko	hn, Meixner, Musarra,	Baker, Mincolelli, Wong	g		Date: 6-2-24	
Club Name: Ur	nified Club, S(ONJ club, Club TESSL	0				
Acct. No.: 20)66			Acct. Ba	alance to Date: \$	13, 209	
Type of Fund F	Raiser: S	nack and Water sales			**********		
Purpose of Fui	nd Raiser:	To raise money f	or Unified activities , Sp	ecial Olympics			
		g activity for the self o					
Start Date of P	roject:	9-5-24		Completion I	Date of Project: las	st Day of School	
Date of Sale(s)		9-5-24-			To: last day of school		
Sale Area/Loca		Kohn's clas	ssroom				
Sale will be mo	nitored by	/: Kohn, Meixne	er, Musarra, Baker, Minc	olelli, Wong, class	sroom staff		
Vendor Busine	ss Name:						
City:			State & Zin	code.			
Unit Cost of Pro							
Proposal Sale F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	\$3-\$22 prices va \$1.00			
		Not to Exceed:		\$15,000 for year			
Minimum Total Profit Expected:			_	\$ \$10,000 depends on how much products we purchase			
Signature:		Short	Faculty Adviso	or Signature		Ce15124	
Signature:	W	Me los	Vice Principal		Date:_	6/5/24	
Signature:	9	My	School Treasur	e Signature	e Date:		
		Place	d on BOE Mee	4:	_	4 16 [24	





	Appl	licant Information
Faculty Member (s): Kohn, C	C. Baker	Date: 6-2-24
Club Name: Unified Club, SONJ	club, Club TESSLO	
Acct. No.: 2066		Acct. Balance to Date: \$13,209
Type of Fund Raiser: Thank	s4giving Cool School Challer	nge Dash and Splash
Purpose of Fund Raiser:	J and give students with and	without disabilities the opportunity to participate in inclusive sports/activities to help bui
inclusive environment and to help build		
Start Date of Project:	9-5-24	Completion Date of Project: 11-27-24
Date of Sale(s): From	9-5-24-	To: 11-27-24
Sale Area/Location:	Online, district wide ar	nd in the community
Sale will be monitored by:	Kohn, C. Baker	

*****AIIACH	PUBLICATION FR	ROM VENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Na	me:	
Vendor Address:		
	Stat	te & Zip code:
Unit Cost of Product/Service		•
Proposal Sale Price:	ž.	\$
Total Cost of all Products Ne	ot to Exceed:	\$ \$
Minimum Total Profit Expect		\$ \$
	Faculty	Advisor Signature
Signature:	2001)	Date: (a) a land
	Vice P	4000
Signature:	Mr Ct	Principal Signature Date: 6/5/24
Signature:	School	Treasure Signature
		Date: 4 0/4
	Placed on B	OE Meeting Agenda for:
Month: Year:	Арр	YES NO By:
1		1





	Applica	ant Information	
Faculty Member (s): Kohn, C	C.Baker, K. Matta	Date: 6-2-24	
Club Name: Unified Club, SONJ	club, Club TESSLO		
Acct. No.: 2066		Acct. Balance to Date: \$13, 209	
		TABLE BERNESSES SERVICE TO Date. 013,209	
Type of Fund Raiser: Spirit	t wear sales		(斯爾斯斯爾語 板)
Purpose of Fund Raiser: _	To raise money for Unified progra	ram and activities, Special Olympics	
Start Date of Project:	9-5-24	Completion Date of Project: last Day of School	
Date of Sale(s): From	9-5-24-	To: last day of school	
Sale Area/Location:	Kohn's classroom		
Sale will be monitored by:	Kohn, C. Baker, K.Matta		
Vendor Business Name:			
Ciferen	State &	¾ Zip code:	
Unit Cost of Product/Service		\$ prices vary by product	
Proposal Sale Price:		\$_\$15.00 t-shirts, \$30 sweatshirts	
Total Cost of all Products No	ot to Exceed:	A	
Minimum Total Profit Expect	ted:	\$	
Signature:	MOX	dvisor Signature Date: Colonial	
Signature:	in the	ncipal Signature Date: 6/5/2	(
Signature:		easure Signature Date:	
	Placed on BOE	Meeting Agenda for:	
Month: Year:_	Approv	YES NO ved: By:	

