



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Megan Kaplan, Shannon McMahon, Michele Mendez Date: 10/26/22

Club Name: Senior Class

Acct. No.: 2227 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Parking Spots

Purpose of Fund Raiser: Support Senior Class Events

Start Date of Project: upon board approval 11/3/22 Completion Date of Project: 12/30/23

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

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

Sale will be monitored by: Kaplan, McMahon, Mendez

\*\*\*\*\* 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: 11/3/22

### Vice Principal Signature

Signature: [Signature] Date: 11-3-22

### School Treasure Signature

Signature: Jaura Di Yesso Date: 11/4/22

### Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Megan Kaplan, Shannon McMahon, Michele Menders Date: 10/26/22

Club Name: Senior Class

Acct. No.: 2227 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Chipotle

Purpose of Fund Raiser: Support Senior Class events

Start Date of Project: upon board approval 11/1/22 Completion Date of Project: 6/30/23

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

Sale Area/Location: Chipotle Springfield / Union

Sale will be monitored by: Kaplan, McMahon, Menders

\*\*\*\*\* 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: 11/3/22

### Vice Principal Signature

Signature: [Signature] Date: 11-3-22

### School Treasure Signature

Signature: [Signature] Date: 11/4/22

### Placed on BOE Meeting Agenda for:

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