

F-11



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Mr Larry Petral Date: 9/6/18

Club Name: Union Middle School Soccer

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

Type of Fund Raiser: Kidstuff Coupon Books

Purpose of Fund Raiser: to raise \$ for team ware and end of the year awards celebration if possible.

Start Date of Project: 9/20/18 Completion Date of Project: 10/30/18

Date of Sale(s): From 9/20/18 - 10/15/18 To: 10/30/18

Sale Area/Location: Home

Sale will be monitored by: parents

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

Vendor Representative's Name: Kidstuff Crew

Vendor Business Name: Kidstuff Coupon Books

Vendor Address: 6520 Stonegate Dr Suite 160

City: Allentown State & Zip code: PA 18106

Unit Cost of Product/Service: \$ 12.50

Proposal Sale Price: \$ 25.00

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

Minimum Total Profit Expected: \$ 300.00

Faculty Advisor Signature

Signature: [Signature] Date: 9/16/18

Principal Signature

Signature: [Signature] Date: 9/17/18

School Treasure Signature

Signature: [Signature] Date: 9/17/18

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

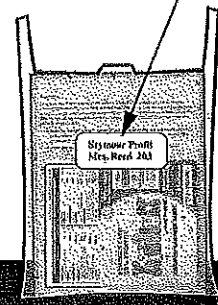
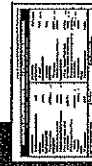
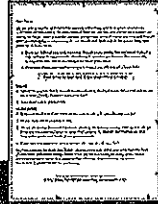
4. DISTRIBUTE BOOKS and supplies in the bags provided by KidStuff to each class to send home with students!

Place your KidStuff REMOVABLE LABEL with student's information on bag

Place your KidStuff REMOVABLE LABEL with student's information on the cover of each book

Customized Parent Instruction Letter with Order Form on reverse side

Money Collection Envelope



5. YOUR SALE SHOULD RUN APPROXIMATELY 2 WEEKS

Send KidStuff Reminder Notices throughout the sale to encourage families to sell and submit orders by the end date of your sale!

Record on CLASS LISTS who has paid for books and who has returned books.

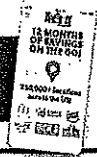
| KIDSTUFF CLASS LIST | | TEACHER NAME: Mrs. Reed | | CLASS 203 | | TOTAL | | TOTAL | |
|----------------------|-----------|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| STUDENT NAME | NO. BOOKS | NO. BOOKS | NO. BOOKS | NO. BOOKS | NO. BOOKS | NO. BOOKS | NO. BOOKS | NO. BOOKS | NO. BOOKS |
| 1. Seymour Proffitt | 3 | 18 | 3 | 21 | 150 | | | | |
| 2. Hugh Mungousale | 10 | 2 | 12 | 25 | | | | | |
| 3. Sheila Sellalot | 1 | | | 25 | | | | | |
| 4. Candace B. Fureal | 1 | | | 50 | | | | | |
| 5. Maya Formstull | 2 | | | 125 | | | | | |
| 6. Megan DeBacon | 5 | 1 | 6 | 25 | | | | | |

6. FREE BOOK PROGRAM!!!

When filling orders...Keep track of the number of **FREE BOOKS** each family earns!

FAMILIES EARN 1 FREE BOOK WORTH \$25 FOR EVERY 5 BOOKS THEY SELL!!!

PLUS OUR NEW APP IS INCLUDED WITH EVERY BOOK!

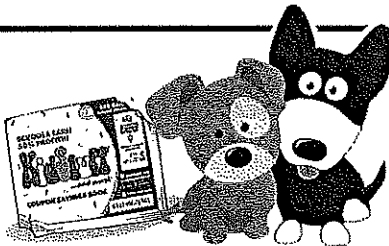


SELL 5 BOOKS

EARN 1 FREE BOOK



7.



KIDSTUFF DOES NOT CHARGE FOR MISSING OR DAMAGED BOOKS!

When you send books home you probably will have some missing or damaged books...It's OK!
We appreciate all of your efforts to retrieve outstanding books from your sale!

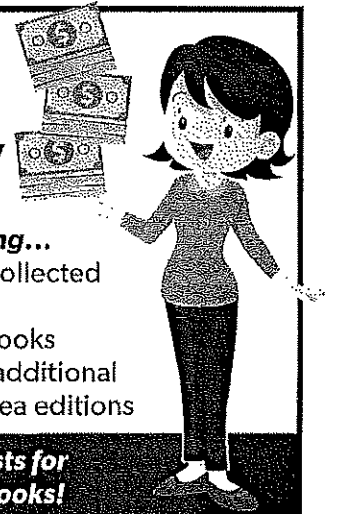
8.

"DEFINITELY A WIN-WIN IN MY BOOK!"

At the end of your sale, contact us with the following...

1. # of books sold/money collected
2. # of FREE books earned
3. # of missing/damaged books
4. # of books needed to fill additional orders, including other area editions

KidStuff covers shipping costs for the delivery and return of books!



We love to help! Please call us Toll Free **1-888-404-5437** with any questions!!!

KIDSTUFF DOES NOT PROMOTE DOOR-TO-DOOR SALES BY CHILDREN

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

Ms Fundraiser form 2018

1 message

Phyllis Lang <plang@twpunionschools.org>

Tue, Sep 18, 2018 at 8:06 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>, Laurence Petras <lpetras@twpunionschools.org>, Linda Ionta <lionta@twpunionschools.org>

Diane,

Please add to the agenda for the next Board Meeting, in October. This is a Middle school fundraiser. Looking to get it approved!

See attached, original is in the mail.

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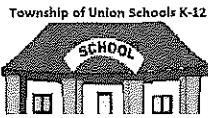
Thank you

Union High School
Phyllis Lang- Assistant to the Athletic Director, Phys. Ed, Health, & Nurses
2350 North Third Street,
Union, NJ 07083

Phone: 908-851-6515

Fax:908-851-6517

 **MS Soccer Fundraiser Approval form 2018.pdf**
267K



Diane Cappiello <dcappiello@twpunionschools.org>

UHS Fundraiser - October Meeting

1 message

Lori-Ann Boyd <lboyd@twpunionschools.org>

Wed, Sep 19, 2018 at 12:06 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Edward Boffa <eboffa@twpunionschools.org>, Kathy Brooks <kbrooks@twpunionschools.org>

Hi Diane,

Please add this fundraiser to the October 16th Agenda.

School/Club: Campers

School Account #: 2014

Type of Fundraiser: Brownie/Snack Sale

Date of Event: October 18, 2018 to May 30, 2019

Purpose of Fund Raiser: To raise funds for the camp trip and other field trips during the school year.

School/Club: Interact Club

School Account #: 2044

Type of Fundraiser: Gertrude Hawk Candy Sale

Date of Event: October 17, 2018 to May 31, 2019

Purpose of Fund Raiser: To raise funds to support both the local and international projects/charities requirements for interact clubs by Rotary International..

Thank You!

Lori-Ann A. Boyd

TWP of Union Board of Education

2369 Morris Avenue


Union, NJ 07083

P: 908.851.4439

lboyd@twpunionschools.org

HUMAN. KIND. BE BOTH. -Lori A. Boyd

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361K



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): K. Brooks Date: 9/17/18

Club Name: Campers

Acct. No.: 2014 Acct. Balance to Date: _____

Type of Fund Raiser: Brownie / Snack Sale

Purpose of Fund Raiser: To raise funds for Camp Trip and other field trips

Start Date of Project: Oct 18th Completion Date of Project: ~~October~~ May 30th

Date of Sale(s): From See back To: _____

Sale Area/Location: Down by big gym

Sale will be monitored by: K. Brooks

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

Vendor Representative's Name: Costco

Vendor Business Name: _____

Vendor Address: Union NJ.

City: Union State & Zip code: NJ 07083

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$.50 to 1.00

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

Minimum Total Profit Expected: \$ \$25.00

Faculty Advisor Signature

Signature: K. Brooks Date: 9/13/18

Vice Principal Signature

Signature: Ryan O'Keefe Date: 9-17-18

School Treasure Signature

Signature: [Signature] Date: 9-19-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

Oct

~~*~~

~~*~~

18

25

Nov

1

~~8~~

15

29

Dec

6

13

20

~~27~~

Jan

3

10

17

31

Feb

7

14

21

28

March

7

14

21

28

April

4

11

25

May

9

16

30



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): EDWARD BOFFA Date: 9-14-18

Club Name: INTERACT CLUB

Acct. No.: 2044 Acct. Balance to Date: _____

Type of Fund Raiser: CANDY SALE (GERTRUDE NAWK)

Purpose of Fund Raiser: TO RAISE MONEY TO SUPPORT BOTH LOCAL AND INTERNATIONAL PROJECT / CHARITIES REQUIREMENT FOR INTERACT CLUBS BY ROTARY INTERNATIONAL

Start Date of Project: OCT 17 2018 Completion Date of Project: MAY 31, 2019

Date of Sale(s): From 10-1-18 To: 5-31-19

Sale Area/Location: BEFORE / AFTER SCHOOL, OFF PREMISES

Sale will be monitored by: EDWARD BOFFA

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

Vendor Representative's Name: _____

Vendor Business Name: GERTRUDE NAWK C/NOCCATES

Vendor Address: 9 KEYSTONE PARK

City: DUNMORE State & Zip code: PA 15112

Unit Cost of Product/Service: \$ 1.60

Proposal Sale Price: \$ 1.00

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

Minimum Total Profit Expected: \$ 40% of total sales \$ 2000.00 GOAL

Faculty Advisor Signature

Signature: [Signature] Date: 9-14-18

Vice Principal Signature

Signature: [Signature] Date: 9-17-18

School Treasure Signature

Signature: [Signature] Date: 9-19-18

Placed on BOE Meeting Agenda for

Month: Oct. Year: 2018 Approved: YES NO By: _____

Township of Union Schools K-12

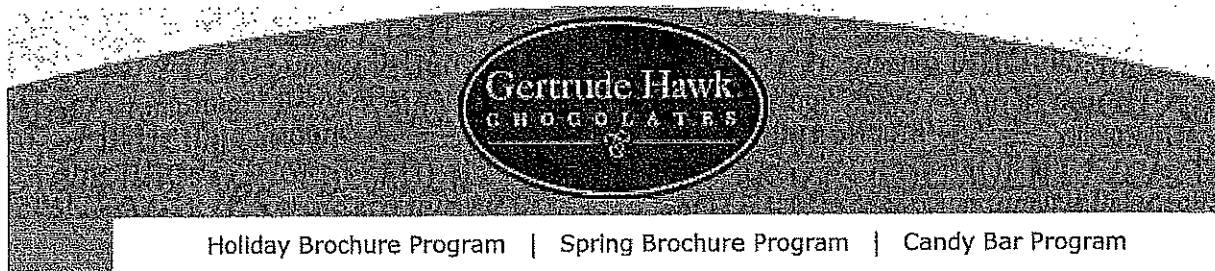


Edward Boffa <eboffa@twpunionschools.org>

Sweet Opportunities For Fall Fundraising!

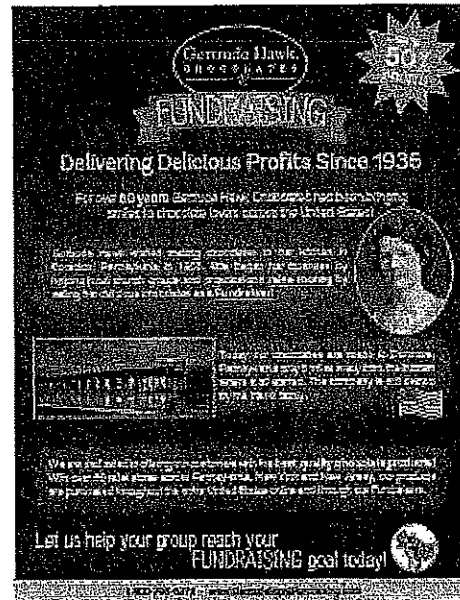
Gertrude Hawk Fundraising <enews@gertrudehawk.com>
Reply-To: Gertrude Hawk Fundraising <enews@gertrudehawk.com>
To: eboffa@twpunionschools.org

Fri, Sep 7, 2018 at 11:31 AM




IT'S FUNDRAISING TIME!

Don't wait, plan
now for Fall &
Winter success and
get ready to
**PROFIT
PROFIT
PROFIT!**



[click to view larger](#)

Gertrude Hawk Chocolates
has **NEW PRODUCTS** for
HOLIDAY 2018 and
NEW PRIZE INCENTIVES!


Call us today to learn more:
1-800-706-6275.
Partner with us today to help



Diane Cappiello <dcappiello@twpunionschools.org>

Please add to the next Agenda for Board approval Boys Basketball

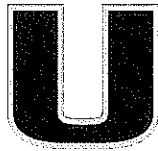
1 message

Phyllis Lang <plang@twpunionschools.org>

Wed, Sep 26, 2018 at 3:07 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>, Antonella Melchionna <amelchionna@twpunionschools.org>

See attached Boys Basketball fundraiser & reimbursement form



Thank you

Union High School
Phyllis Lang- Assistant to the Athletic Director, Phys. Ed, Health, & Nurses
2350 North Third Street,
Union, NJ 07083

Phone: 908-851-6515
Fax:908-851-6517



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kevin Feeley Date: 9/26/18

Club Name: Boys Basketball

Acct. No.: 3230 Acct. Balance to Date: \$350

Type of Fund Raiser: Can Shaking

Purpose of Fund Raiser: To Raise Money for Senior Night, Summer League, Pizza Party, Team Dinners and Protein Bars

Start Date of Project: 11/17/18 Completion Date of Project: 11/17/18

Date of Sale(s): From 8 am To: 1 pm

Sale Area/Location: Stop + Shop / 7-11

Sale will be monitored by: Kevin Feeley / Charlie Totus / Ron Zieser / Angel Navarrete

*****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: 9/26/18

Vice Principal Signature

Signature: [Signature] Date: _____

School Treasure Signature

Signature: [Signature] Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Township of Union Board of Education
STUDENT ACTIVITY ACCOUNT - REIMBURSEMENT REQUEST

EVERY EFFORT TO PAY WITH A CHECK FROM THE STUDENT ACTIVITY ACCOUNT DIRECTLY TO THE VENDOR MUST BE MADE BEFORE REIMBURSEMENT WILL BE CONSIDERED.

Student Activity Reimbursement requests must be pre-approved by the principal and superintendent prior to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.

Date: 9/26/18
 Employee Name: Kevin Feely
 Acct Name: Boys Basketball
 Acct. No.: 3230

Reason for Reimbursement Request:
Senior Night, Team Dinners, Team Protein Bars
Team Shirts, Coaching Clinics

Estimate of Itemized Expenses

| DESCRIPTION | COST |
|-------------------------------|--------|
| Not to exceed / Miscellaneous | \$ 700 |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

TOTAL AMOUNT OF REIMBURSEMENT: \$ 700.00

Note: Sales tax is not eligible for reimbursement.

A COPY OF THIS APPROVAL MUST ACCOMPANY YOUR OFFICIAL REQUEST FOR REIMBURSEMENT, ALONG WITH CONFIRMING RECEIPTS.

IF TOTAL AMOUNT EXCEEDS \$999 BOARD APPROVAL IS REQUIRED

Employee Signature *Kevin Feely*

Date 9/26/18

| FOR OFFICIAL USE ONLY: | | | |
|---|-------------------|--------------|------|
| Approved | More Info. Needed | Not Approved | Date |
| | | | |
| Principal Signature <u><i>[Signature]</i></u> | | | Date |
| Approved | More Info. Needed | Not Approved | Date |
| | | | |
| Superintendent or Designee Signature | | | Date |



Diane Cappiello <dcappiello@twpunionschools.org>

Re: Fundraiser Proposals - October 16th Meeting

1 message

Lori-Ann Boyd <lboyd@twpunionschools.org> Wed, Sep 26, 2018 at 9:02 AM
 To: Diane Cappiello <dcappiello@twpunionschools.org>, Lisa Padden
 <lpadden@twpunionschools.org>
 Cc: Kimberly Osty <kosty@twpunionschools.org>

Hey D!

Please add this to the October Agenda.

School/Club: Senior Awards

Type of Fundraiser: College & Career Fair Dress Down Day Fundraiser

Date of Event: October 24, 2018

Purpose of Fund Raiser: To raise funds for the Maureen Baldwin Counseling Scholarship for a class of 2019 senior.

Lori-Ann A. Boyd
 TWP of Union Board of Education
 2369 Morris Avenue
 Union, NJ 07083
P: 908.851.4439
 lboyd@twpunionschools.org
HUMAN. KIND. BE BOTH. -Lori A. Boyd

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On Mon, Sep 24, 2018 at 11:46 AM Diane Cappiello <dcappiello@twpunionschools.org> wrote:

Got it, thanks!
 Diane Cappiello
 Executive Administrator Assistant - Business Office
 Township of Union Board of Education
 2369 Morris Avenue
 Union, NJ 07083
 Email: dcappiello@twpunionschools.org
 Tel: 908-851-6404
 Fax: 908-964-1462

On Mon, Sep 24, 2018 at 11:27 AM Lori-Ann Boyd <lboyd@twpunionschools.org> wrote:

School/Club: Hiking Club
School Account #: 2072
Type of Fundraiser: Bake Sale
Date of Event: October 17, 2018, to June 14, 2019
Purpose of Fund Raiser: To raise funds for the Hiking Club's trips & transportation fees.



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Lisa Padden Date: 9/25/18

Club Name: Senior Awards

Acct. No.: 2018 Acct. Balance to Date: _____

Type of Fund Raiser: See Attached

Purpose of Fund Raiser: _____
College & Career Fair - Maureen Baldwin
Counseling Scholarship.

Start Date of Project: 10/24/18 Completion Date of Project: 10/24/18

Date of Sale(s): From " To: "

Sale Area/Location: _____

Sale will be monitored by: Lisa Padden

*****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: Lisa Padden Date: 9/25/18

Vice Principal Signature

Signature: Jim Osey Date: 9/26/18

School Treasure Signature

Signature: [Signature] Date: 9/26/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

Township of Union Schools K-12



Diane Cappiello <dcappiello@twpunionschools.org>

Fundraiser Proposals - October 16th Meeting

1 message

Lori-Ann Boyd <lboyd@twpunionschools.org>

Mon, Sep 24, 2018 at 11:26 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Adam Raffaele <araffaele@twpunionschools.org>, lisa padden <lpadden@twpunionschools.org>, Atzbi Michael <matzbi@twpunionschools.org>

School/Club: Hiking Club**School Account #:** 2072**Type of Fundraiser:** Bake Sale**Date of Event:** October 17, 2018, to June 14, 2019**Purpose of Fund Raiser:** To raise funds for the Hiking Club's trips & transportation fees.**School/Club:** Hiking Club**School Account #:** 2072**Type of Fundraiser:** Pizza Sale**Date of Event:** October 17, 2018, to June 14, 2019**Purpose of Fund Raiser:** To raise funds for the Hiking Club's trips & transportation fees.**School/Club:** Robotics Team**School Account #:** 2023**Type of Fundraiser:** T-Shirt Sale Fundraiser**Date of Event:** October 24, 2018, to November 24, 2018**Purpose of Fund Raiser:** To raise funds to cover the costs of registering teams for competition and purchasing new equipment.**School/Club:** Counselors for a Cure - Relay For Life of Union c/o Lisa Padden**Type of Fundraiser:** Support Relay for Life Dress Down Day Fundraiser**Date of Event:** May 2019 (Exact date TBD by UHS Administration)**Purpose of Fund Raiser:** To raise funds to Support Relay for Life - all funds will be collected by Ms. Padden and sent to Relay for Life.

Lori-Ann A. Boyd

TWP of Union Board of Education

2369 Morris Avenue


Union, NJ 07083

P: 908.851.4439

lboyd@twpunionschools.org

HUMAN. KIND. BE BOTH. -Lori A. Boyd

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 **20180924104231532.pdf**
585K



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ADAM RAFFAGLE Date: 9/21/18

Club Name: UHS HIKEING CLUB

Acct. No.: 2072 Acct. Balance to Date: _____

Type of Fund Raiser: BAKE SALE

Purpose of Fund Raiser: TO RAISE FUNDS FOR TRANSPORTATION & TRIPS

Start Date of Project: OCTOBER, 2018 Completion Date of Project: JUNE, 2019

Date of Sale(s): From TBD To: TBD

Sale Area/Location: FRONT LOBBY AND/OR ROCK ENTRANCE, UHS

Sale will be monitored by: ADAM RAFFAGLE

*****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: \$ _____

*Please let
Ms. Ostry know
prior
to the
sale.*

Faculty Advisor Signature

Signature: [Signature] Date: 9/21/18

Vice Principal Signature

Signature: [Signature] Date: 9-24-18

School Treasure Signature

Signature: [Signature] Date: 9-24-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ADAM RAFFAELLE Date: 9/21/18

Club Name: UHS HIKEING CLUB

Acct. No.: 2072 Acct. Balance to Date: _____

Type of Fund Raiser: PIZZA SALE

Purpose of Fund Raiser: TO RAISE FUNDS FOR TRANSPORTATION & TRIPS

Start Date of Project: OCTOBER, 2018 Completion Date of Project: JUNE, 2019

Date of Sale(s): From TBD To: TBD

Sale Area/Location: FRONT LOBBY AND/OR ROCK ENTRANCE, UHS

Sale will be monitored by: ADAM RAFFAELLE

*****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: \$ _____

*Please let
Ms. Osty know
sale dates prior
to the bake
sale.*

Faculty Advisor Signature

Signature: [Signature] Date: 9/21/18

Vice Principal Signature

Signature: [Signature] Date: 9-24-18

School Treasure Signature

Signature: [Signature] Date: 9-24-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): M. Atzbi A. Pedicini Date: 9/17/18

Club Name: Robotics Team

Acct. No.: 2023 Acct. Balance to Date: \$281.80

Type of Fund Raiser: T-Shirt Sale fundraiser

Purpose of Fund Raiser: To cover costs of registering teams for competition and for purchasing new equipment

Start Date of Project: 10/24 Completion Date of Project: 11/24

Date of Sale(s): From 10/24 To: 11/24

Sale Area/Location: Online Customink.com/fundraising/uhsrobo

Sale will be monitored by: M. Atzbi

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

Vendor Representative's Name: Online - No representative

Vendor Business Name: Customink.com

Vendor Address: 2910 District Ave.

City: Fairfax VA State & Zip code: VA 22031

Unit Cost of Product/Service: \$ ~~8.70~~ 8.70

Proposal Sale Price: \$ 20

Total Cost of all Products Not to Exceed: \$ 0 - No upfront costs

Minimum Total Profit Expected: \$ ~~90.40~~ 90.40

Faculty Advisor Signature

Signature: [Signature] Date: 9/17/18

Vice Principal Signature

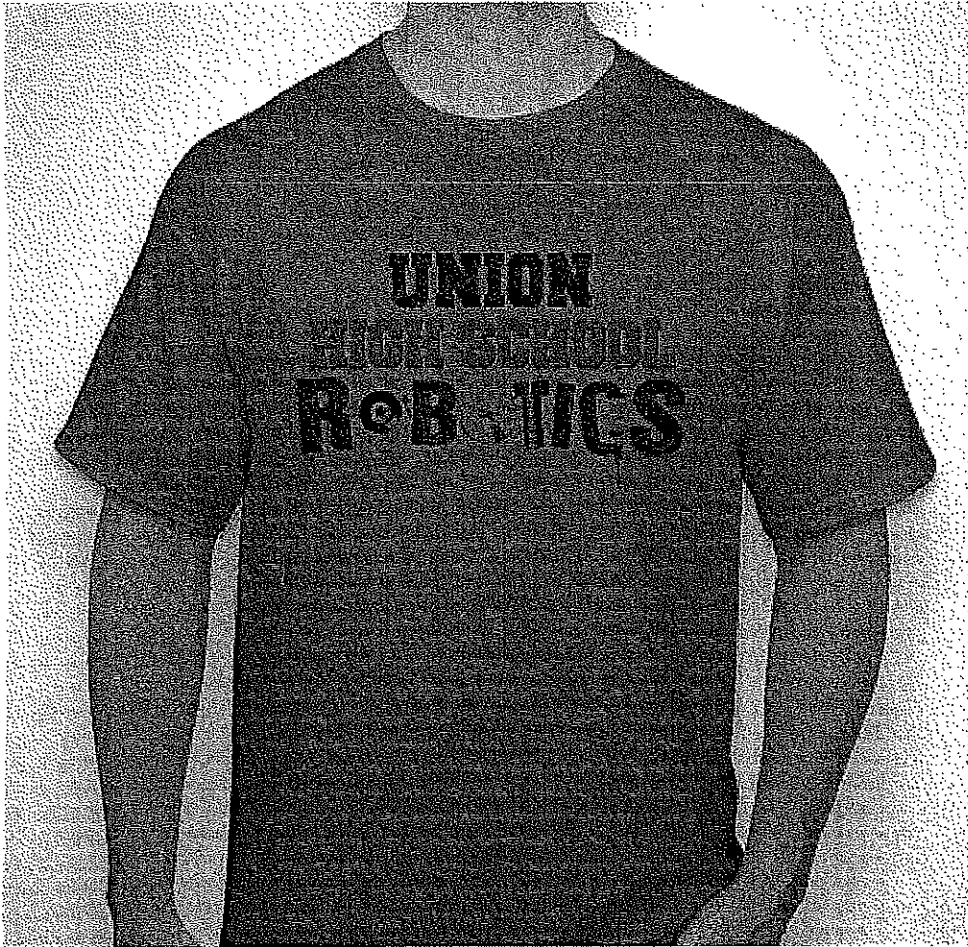
Signature: [Signature] Date: 9-21-18

School Treasure Signature

Signature: [Signature] Date: 9-24-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____





UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Lisa Padden Date: 9/30/18

Club Name: Counselor's for a Cure - Relay for Life of Union

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

Type of Fund Raiser: Support Relay for Life Dress Down Day!

Purpose of Fund Raiser: Date will be assigned by Administration at UHS

Start Date of Project: May 2019 Completion Date of Project: May 2019

Date of Sale(s): From _____ To: _____

Sale Area/Location: Main Office

Sale will be monitored by: Lisa Padden

***** 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: Lisa Padden Date: 9/30/18

Vice Principal Signature

Signature: Kim Utter Date: 9-24-18

School Treasure Signature

Signature: [Signature] Date: 9-24-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2019 Approved: YES NO By: _____

F-11



Diane Cappiello <dcappiello@twpunionschools.org>

Peer Ambassador Blood Drive

1 message

Patricia Bridges <patbridges@twpunionschools.org>

Mon, Oct 1, 2018 at 8:20 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Good Morning Mrs. Cappiello;

The Peer Ambassadors partnered with the Red Cross last year for our first Blood Drive in May. We are hoping to have the Board approve the Blood Drive for this academic year on November 2 and hopefully for a latter date to be determines by the Red Cross in March.

Please let me know if there is a form to submit for board approval for this event. Thank you

Regards,

Pat

--

Patricia C. Bridges

School Counselor, Union High School

908-851-6812

908-686-6730 (F)

F-11



Diane Cappiello <dcappiello@twpunionschools.org>

Please add to agenda for next meeting

1 message

Phyllis Lang <plang@twpunionschools.org> Fri, Sep 28, 2018 at 3:29 PM
 To: Diane Cappiello <dcappiello@twpunionschools.org>, Antonella Melchionna
 <amelchionna@twpunionschools.org>, Linda Ionta <lionta@twpunionschools.org>, Dana
 Bobertz <dbobertz@twpunionschools.org>, Cheryl Fiske <cfiske@twpunionschools.org>

See attached for St Jude Event Fundraising!

--



Thank you

Union High School
Phyllis Lang- Assistant to the Athletic Director, Phys. Ed, Health, & Nurses
 2350 North Third Street,
 Union, NJ 07083

Phone: 908-851-6515
 Fax:908-851-6517

 **St Judes.pdf**
 112K



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Cheryl Fiske, Dana Bobertz, Kevin Feeley Date: 9/28/18

Club Name: Boys Basketball

Acct. No.: 3230 Acct. Balance to Date: _____

Type of Fund Raiser: St Jude Classic Event, Dress Down Day, T-shirt sales, concessions.

Purpose of Fund Raiser: raise money to be completely donated to St Jude Children's Research Hospital

Start Date of Project: Event Friday 12/14/18 Completion Date of Project: 12/14/18

Date of Sale(s): From Wednesday 12/12/18 To: 12/14/18

Sale Area/Location: UHS main office, cafeteria, gym

Sale will be monitored by: Cheryl Fiske, Dana Bobertz, Kevin Feeley, Linda Jonta

*****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: \$ donations

Proposal Sale Price: \$ smirts - \$5 / dress down - \$5 / concessions - vary

Total Cost of all Products Not to Exceed: \$ \$850

Minimum Total Profit Expected: \$ all proceeds are going to be a charitable donation to St. Jude.

Faculty Advisor Signature

Signature: [Signature] Date: 9/28/18

Vice Principal Signature

Signature: [Signature] Date: 9/28/18

School Treasure Signature

Signature: [Signature] Date: 9/28/18

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Township of Union Board of Education
STUDENT ACTIVITY ACCOUNT - REIMBURSEMENT REQUEST

EVERY EFFORT TO PAY WITH A CHECK FROM THE STUDENT ACTIVITY ACCOUNT DIRECTLY TO THE VENDOR MUST BE MADE BEFORE REIMBURSEMENT WILL BE CONSIDERED.

Student Activity Reimbursement requests must be pre-approved by the principal and superintendent prior to the purchase. If this Student Activity Reimbursement Request form is not submitted prior to purchase the reimbursement will NOT be processed.

Date: 9/28/18
 Employee Name: Cheryl Fiske, Dana Bobertz, Kevin Feeley
 Acct Name: Boys Basketball
 Acct. No.: 3230

Reason for Reimbursement Request:
Decorations & supplies for St Jude Classic on 12/14/18

Estimate of Itemized Expenses

| DESCRIPTION | COST |
|------------------------------|------|
| Balloons & other decorations | \$ |
| Paper products | \$ |
| Concession supplies | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

total not to exceed \$850

TOTAL AMOUNT OF REIMBURSEMENT: \$ not to exceed 850

Note: Sales tax is not eligible for reimbursement.

A COPY OF THIS APPROVAL MUST ACCOMPANY YOUR OFFICIAL REQUEST FOR REIMBURSEMENT, ALONG WITH CONFIRMING RECEIPTS.

IF TOTAL AMOUNT EXCEEDS \$999 BOARD APPROVAL IS REQUIRED

Cheryl Fiske 9/28/18
 Employee Signature Date

| FOR OFFICIAL USE ONLY: | | | |
|--------------------------------------|-------------------|--------------|----------------|
| Approved | More Info. Needed | Not Approved | Date |
| | | | |
| Principal Signature | | | Date |
| Approved | More Info. Needed | Not Approved | Date |
| <u>[Signature]</u> | | | <u>9/28/18</u> |
| Superintendent or Designee Signature | | | Date |



Diane Cappiello <dcappiello@twpunionschools.org>

Re: Fundraiser Proposals - October 16th Meeting

1 message

Lori-Ann Boyd <lboyd@twpunionschools.org>

Fri, Sep 28, 2018 at 2:27 PM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Rhonda Wright <rwright1@twpunionschools.org>, Jessica Motta

<jmotta@twpunionschools.org>, Rebecca Mazur <rmazur@twpunionschools.org>, Fiske

Cheryl <cfiske@twpunionschools.org>, Tara Scaramuzzi <tscaramuzzi@twpunionschools.org>,

Will Eichert <weichert@twpunionschools.org>, Megan Kaplan

<mkaplan@twpunionschools.org>

Hey Diane,

I have some more for you.

School/Club: Cheerleading**School Account #:** 2029**Type of Fundraiser:** Coldweather ear muff sale**Date of Event:** October 17, 2018, to October 30, 2018**Purpose of Fund Raiser:** To raise funds for the cheerleading club's new uniforms.**School/Club:** UHS GSA (Gay-Straight Alliance)**School Account #:** 2048**Type of Fundraiser:** Valentine's Day Candy Gram Sale**Date of Event:** February 1, 2019, to February 14, 2019**Purpose of Fund Raiser:** To raise funds for the GSA club activities and graduation gifts.**School/Club:** UHS GSA (Gay-Straight Alliance)**School Account #:** 2048**Type of Fundraiser:** Selling lanyards for the day of silence**Date of Event:** April 12, 2018 *2019***Purpose of Fund Raiser:** To raise funds for the GSA in order to raise awareness.**School/Club:** Class of 2019**School Account #:** 2214**Type of Fundraiser:** Fashion Show Fundraiser**Date of Event:** January 11, 2019**Purpose of Fund Raiser:** To raise funds for the class of 2019 senior.**School/Club:** Class of 2019**School Account #:** 2214**Type of Fundraiser:** Mr. UHS**Date of Event:** May 17, 2019**Purpose of Fund Raiser:** To raise funds for the class of 2019 senior.

Lori-Ann A. Boyd

TWP of Union Board of Education

2369 Morris Avenue

Union, NJ 07083

P: 908.851.4439

lboyd@twpunionschools.org

HUMAN. KIND. BE BOTH. -Lori A. Boyd

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Rhonda Wright Date: 9/26/18

Club Name: Cheerleading

Acct. No.: 2029 Acct. Balance to Date: _____

Type of Fund Raiser: Selling Cold Weather Ear Muffs (Cheerleading)

Purpose of Fund Raiser: To raise funds for new uniforms

Start Date of Project: 10/17/18 Completion Date of Project: 10/30/18

Date of Sale(s): From 10/17/18 To: 10/30/18

Sale Area/Location: UHS

Sale will be monitored by: Ms. Wright & Ms. Motta

***** 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: Rhonda Wright Date: 9/26/18

Vice Principal Signature

Signature: Ann Osey Date: 9/27/18

School Treasure Signature

Signature: [Signature] Date: 9-27-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Jessica Matto / Becky Mazur Date: 9/25/18

Club Name: GSA

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

.....
Type of Fund Raiser: Valentines Day Candy Gram

Purpose of Fund Raiser: _____
To raise money for the GSA club activities and the purchase of graduation gifts

Start Date of Project: 2/1/18 Completion Date of Project: 2/1/18

Date of Sale(s): From 2/1/18 To: 2/1/18

Sale Area/Location: A108

Sale will be monitored by: Jessica/Becky

*****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: _____ Date: 9/26/18

Vice Principal Signature

Signature: Kim Usher Date: 9/27/18

School Treasure Signature

Signature: _____ Date: 9-27-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Jessica Motta/Becky Mazur Date: 9/25/18

Club Name: GSA

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

Type of Fund Raiser: Day of Silence (4/12)

Purpose of Fund Raiser: Raise money for the club in order to increase awareness

Start Date of Project: 4/8 Completion Date of Project: 4/12

Date of Sale(s): From 4/8 To: 4/12

Sale Area/Location: A108

Sale will be monitored by: Jessica / Becky Dan

***** 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: _____ Date: 9/26/18

Vice Principal Signature

Signature: Kim Olson Date: 9/27/18

School Treasure Signature

Signature: _____ Date: 9-27-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

DAY of SILENCE

End the bullying
End the name-calling
End the harassment

LOVE IS LOVE

NO MATTER
What gender
they are.

April 12, 2019

How will you end the
end the silence?



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Cheryl Visker, Tera Scaramozzi, Will Eichert, Megan Kaplan Date: 9/27/18

Club Name: Senior Class

Acct. No.: 2205 Acct. Balance to Date: _____

Type of Fund Raiser: Fashion Show

Purpose of Fund Raiser: raise money for Senior Class

Start Date of Project: Event is January 11, 2019 Completion Date of Project: N/A

Date of Sale(s): From ticket sales 1/2/19 To: 1/11/19

Sale Area/Location: event in auditorium

Sale will be monitored by: all 4 advisors

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

Vendor Representative's Name: _____

Vendor Business Name: N/A

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ 5

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: William Eichert Date: 9/27/18

Vice Principal Signature

Signature: Karen Olson Date: 9/27/18

School Treasure Signature

Signature: [Signature] Date: 9-27-18

Placed on BOE Meeting Agenda for:

Month: Oct Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Cheryl Wiske, Tara Scaramozzi, Will Eichert, Megan Kaplan Date: 9/27/18

Club Name: Senior Class

Acct. No.: 2205 Acct. Balance to Date: _____

Type of Fund Raiser: Mc UHS event

Purpose of Fund Raiser: raise money for Senior Class

Start Date of Project: May 17, 2019 ^{Event is} Completion Date of Project: May 17, 2019

Date of Sale(s): From ticket sales 5/6/19 To: 5/17/19

Sale Area/Location: event in auditorium

Sale will be monitored by: all 4 advisors

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

Vendor Representative's Name: _____

Vendor Business Name: N/A

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ 5

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] William Eichert Date: 9/27/18

Vice Principal Signature

Signature: [Signature] Date: 9/27/18

School Treasure Signature

Signature: [Signature] Date: 9-27-18

Placed on BOE Meeting Agenda for:

Month: Oct Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Cheryl Fiske, Dana Bobertz, Kevin Feeley Date: 9/28/18

Club Name: Boys Basketball

Acct. No.: 3230 Acct. Balance to Date: _____

Type of Fund Raiser: St Jude Classic Event, Dress Down Day, T-shirt sales, Concessions.

Purpose of Fund Raiser: raise money to be completely donated to St Jude Childrens Research Hospital

Start Date of Project: Event Friday 12/14/18 Completion Date of Project: 12/14/18

Date of Sale(s): From Wednesday 12/12/18 To: 12/14/18

Sale Area/Location: UHS main office, cafeteria, gym

Sale will be monitored by: Cheryl Fiske, Dana Bobertz, Kevin Feeley, Linda Jonta

***** 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: \$ donations

Proposal Sale Price: \$ shirts - \$5 / dress down - \$5 / concessions - \$ vary

Total Cost of all Products Not to Exceed: \$ \$ 850

Minimum Total Profit Expected: \$ all proceeds are going to be a charitable donation to St. Jude

Faculty Advisor Signature

Signature: Cheryl Fiske Date: 9/28/18

Vice Principal Signature

Signature: [Signature] Date: 9/28/18

School Treasure Signature

Signature: [Signature] Date: 9/28/18

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Alyssa Melillo / Christina Neas Date: 9/28/18

Club Name: Student Council

Acct. No.: #19 Acct. Balance to Date: \$3,264.24

Type of Fund Raiser: Pumpkin Sale

Purpose of Fund Raiser: RAISE money for 8th grade trip to Forest Lodge.

Start Date of Project: 10/17/18 Completion Date of Project: 10/31/18

Date of Sale(s): From 10/17/18 To: 10/31/18

Sale Area/Location: auditorium (possible)

Sale will be monitored by: Christina Neas / Alyssa Melillo

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

Vendor Representative's Name: Richard (908) 624-9991

Vendor Business Name: Green Grove Fruit & Flower

Vendor Address: 1439 Stuyvesant Ave

City: Union State & Zip code: NJ 07083

Unit Cost of Product/Service: \$1.85/ea - pumpkins.

Proposal Sale Price: \$3-5/ea

Total Cost of all Products Not to Exceed: \$

Minimum Total Profit Expected: \$

Faculty Advisor Signature

Signature: Christina Neas Date: 9/28/18

Principal Signature

Signature: [Signature] Date: 10/1/18

School Treasurer Signature

Signature: Alyssa Melillo Date: 9/28/18

Placed on BOE Meeting/Agenia for:

Month: _____ Year: _____ Approved: YES NO By: _____

KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Christina Neas / Alyssa Melillo Date: 9/28/18

Club Name: Student Council

Acct. No.: #19 Acct. Balance to Date: \$3,264.24

Type of Fund Raiser: Yankee Candle

Purpose of Fund Raiser: TO raise money for 8th grade trip to Forest Lodge.

Start Date of Project: 10/26/18 Completion Date of Project: 11/09/18

Date of Sale(s): From 10/26/18 To: 11/09/18

Sale Area/Location: catalogs

Sale will be monitored by: Christina Neas / Alyssa Melillo

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

Vendor Representative's Name: Brenda Field (413) 712-9704

Vendor Business Name: Yankee Candle (Fundraising)

Vendor Address: P.O. Box 110

City: South Deerfield State & Zip code: MA 01373

Unit Cost of Product/Service: \$ yankee candle

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: Christina Neas Date: 9/28/18

Principal Signature

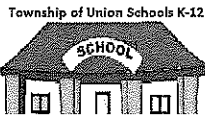
Signature: [Signature] Date: 10/1/18

School Treasurer Signature

Signature: Alyssa Melillo Date: 9/28/18

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____



Diane Cappiello <dcappiello@twpunionschools.org>

Re: Fundraiser Proposals - October 16th Meeting

1 message

Lori-Ann Boyd <lboyd@twpunionschools.org>
 To: Diane Cappiello <dcappiello@twpunionschools.org>

Tue, Oct 2, 2018 at 2:08 PM

Hey Diane,

Sorry for the delay, I have some more for you. Have a great day!

School/Club: Farmer Fam**School Account #:** TBD**Type of Fundraiser:** Spirit Items Sale**Date of Event:** October 17, 2018, to October 31, 2018**Purpose of Fund Raiser:** To promote school spirit and unity @ UHS and to begin building funding for the club.**School/Club:** Seekers Club**School Account #:** 2102**Type of Fundraiser:** Bake Sale**Date of Event:** November 29, 2018 & May 10, 2019**Purpose of Fund Raiser:** To raise funds for Seekers Club Scholarships.**School/Club:** Awareness Club**School Account #:** 2103**Type of Fundraiser:** Bake Sale**Date of Event:** November 29, 2018 & May 10, 2019**Purpose of Fund Raiser:** To raise funds for charities.**School/Club:** Peer Ambassadors**School Account #:** 2003**Type of Fundraiser:** Dress Down Day**Date of Event:** March 1, 2019**Purpose of Fund Raiser:** To funds transportation for Peer Ambassador event in NYC.**School/Club:** Peer Ambassadors**School Account #:** 2003**Type of Fundraiser:** Leadership Dinner Banquet**Date of Event:** May 18, 2019**Purpose of Fund Raiser:** To funds for Peer Ambassador scholarships (Collegiate & Global Service Learning).**School/Club:** Peer Ambassadors**School Account #:** 2003**Type of Fundraiser:** Candy Sale**Date of Event:** January 7, 2019 to January 25, 2019**Purpose of Fund Raiser:** To raise funds for jackets and events offsite for Peer Ambassadors.**School/Club:** Peer Ambassadors**School Account #:** 2003**Type of Fundraiser:** Drawstring Backpack Sale**Date of Event:** October 29, 2018 to November 19, 2018**Purpose of Fund Raiser:** To funds for Peer Ambassador scholarships (Collegiate & Global Service Learning).**School/Club:** National Art Honor Society**School Account #:** 2030**Type of Fundraiser:** The Great Swamp Trip

Date of Event: November 5, 2018

Purpose of Fund Raiser: Students will be paying \$7 to cover the bus fee for the trip.

School/Club: Class of 2019

School Account #: 2214

Type of Fundraiser: Apparel Sale

Date of Event: October 17, 2018 to October 31, 2018

Purpose of Fund Raiser: To raise funds for the class of 2019 senior.

School/Club: Hiking Club

School Account #: 2072

Type of Fundraiser: Shoprite Bagging Fundraiser

Date of Event: December 15, 2018

Purpose of Fund Raiser: To raise funds for the Hiking Club's transportation costs.

School/Club: Model U.N.

School Account #: 2087

Type of Fundraiser: Washington D.C. Trip

Date of Event: November 5, 2018

Purpose of Fund Raiser: Students will be paying \$24 to cover the bus fee for the trip.

School/Club: Empowerment Mentoring Club

School Account #: TBD

Type of Fundraiser: Bake Sale

Date of Event: October 30, 2018

Purpose of Fund Raiser: To raise funds for the Empowerment Mentoring Club.

Lori-Ann A. Boyd

TWP of Union Board of Education

2369 Morris Avenue

Union, NJ 07083

P: 908.851.4439

lboyd@twpunionschools.org

HUMAN. KIND. BE BOTH. -Lori A. Boyd

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On Fri, Sep 28, 2018 at 2:27 PM Lori-Ann Boyd <lboyd@twpunionschools.org> wrote:
Hey Diane,

I have some more for you.

School/Club: Cheerleading

School Account #: 2029

Type of Fundraiser: Coldweather ear muff sale

Date of Event: October 17, 2018, to October 30, 2018

Purpose of Fund Raiser: To raise funds for the cheerleading club's new uniforms.

School/Club: UHS GSA (Gay-Straight Alliance)

School Account #: 2048

Type of Fundraiser: Valentine's Day Candy Gram Sale

Date of Event: February 1, 2019, to February 14, 2019

Purpose of Fund Raiser: To raise funds for the GSA club activities and graduation gifts.

School/Club: UHS GSA (Gay-Straight Alliance)

School Account #: 2048

Type of Fundraiser: Selling lanyards for the day of silence



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dana Bobertz, Rafael Rios Date: 9/28/18

Club Name: Farmer Fam

Acct. No.: TBD Acct. Balance to Date: 0

Type of Fund Raiser: Spirit items

Purpose of Fund Raiser: to promote school spirit and unity @ UHS and to begin building an account for the student section to hold events in the future.

Start Date of Project: 10/17/18 Completion Date of Project: 10/31/18

Date of Sale(s): From 10/17/18 To: 10/26/18

Sale Area/Location: L110, L101, cafeteria, football games

Sale will be monitored by: Dana Bobertz, Rafael Rios

*****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: \$ N/A

Proposal Sale Price: \$ 1-5 / per item

Total Cost of all Products Not to Exceed: \$ N/A

Minimum Total Profit Expected: \$ 50

Faculty Advisor Signature

Signature: [Signature] Date: 9/28/2018

Vice Principal Signature

Signature: [Signature] Date: 9/28/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/1/18

Club Name: Seekers Club

Acct. No.: 2102 Acct. Balance to Date: unknown

Type of Fund Raiser: Bake Sales

Purpose of Fund Raiser: To raise money for Seekers Club Scholarship

Start Date of Project: November Completion Date of Project: May

Date of Sale(s): From 11/29 & 5/10 To: ←

Sale Area/Location: 1st HHS Lobby

Sale will be monitored by: Patricia Bridges

*****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: Patricia Bridges Date: 10/1/18

Vice Principal Signature

Signature: [Signature] Date: 10/2/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 10/1/18

Club Name: Awareness Club

Acct. No.: 2103 Acct. Balance to Date: 170.00

Type of Fund Raiser: Bake Sales

Purpose of Fund Raiser: To raise money for charities

Start Date of Project: October 29 Completion Date of Project: May 16

Date of Sale(s): From 10/19, 11/2, 3/29, 5/16 To: ←

Sale Area/Location: UTHS Lobby

Sale will be monitored by: Patricia Bridges

***** 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: 10/1/18

Vice Principal Signature

Signature: [Signature] Date: 10/2/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 9/28/18

Club Name: Peer Ambassadors Leadership Program

Acct. No.: 2003 Acct. Balance to Date: 170.00

Type of Fund Raiser: Friday Dress Down

Purpose of Fund Raiser: To fund transportation for Ambassador event offsite in NYC

Start Date of Project: _____ Completion Date of Project: _____
Date of Sale(s): From 3/1/19 To: 3/1/19

Safe Area/Location: Union HS

Sale will be monitored by: Patricia Bridges

*****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: 9/28/18

Vice Principal Signature

Signature: [Signature] Date: 10/2/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 9/28/18
 Club Name: Peer Ambassador Leadership Program
 Acct. No.: 2003 Acct. Balance to Date: 170.00

 Type of Fund Raiser: Leadership Dinner Banquet
 Purpose of Fund Raiser: To raise money for scholarship both collegiate and Global Service Learning

Start Date of Project: 5/19/19 Completion Date of Project: 5/18/19
 Date of Sale(s): From _____ To: _____
 Sale Area/Location: _____
 Sale will be monitored by: _____

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

Vendor Representative's Name: Costa del Sol
 Vendor Business Name: Costa del Sol
 Vendor Address: Vauxhall Road Union, NJ 07083
 City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ 3000.00
 Minimum Total Profit Expected: \$ 3200.00

Faculty Advisor Signature

Signature: [Signature] Date: 10/2/18

Vice Principal Signature

Signature: [Signature] Date: 10/2/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 9/28/18

Club Name: Peer Ambassadors Leadership Program

Acct. No.: 2003 Acct. Balance to Date: 170.00

Type of Fund Raiser: Chandy Sale

Purpose of Fund Raiser: To raise money for jackets and event offsite for Ambassadors

Start Date of Project: _____ Completion Date of Project: _____

Date of Sale(s): From 10/7/18 To: 1/25/19

Sale Area/Location: Union HS and community

Sale will be monitored by: Patricia Bridges

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

Vendor Representative's Name: Jonathan Schneider

Vendor Business Name: Miss Chocolate Fund Raising

Vendor Address: 300 Spagnoli Road

City: Melville NH State & Zip code: 11747

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

Total Cost of all Products Not to Exceed: \$ Sold to Order

Minimum Total Profit Expected: \$ 1000.00

Faculty Advisor Signature

Signature: [Signature] Date: 10/1/18

Vice Principal Signature

Signature: [Signature] Date: 10/2/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

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Satisfy both your sweet & salty cravings with our largest variety pack of pretzel rods.



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300 Spagnoli Road, Melville, NY 11747
631.777.2400





UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Patricia Bridges Date: 9/28/18

Club Name: Peer Ambassador Leadership Program

Acct. No.: 2003 Acct. Balance to Date: 170.00

Type of Fund Raiser: Drawstring Backpack Sale

Purpose of Fund Raiser: To raise money for scholarship both collegiate and Global Service Learning

Start Date of Project: 10/29/18 Completion Date of Project: 11/19/18

Date of Sale(s): From 10/29/18 To: 11/19/18

Sale Area/Location: District-Wide Sale

Sale will be monitored by: Patricia Bridges

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

Vendor Representative's Name: Jonathan Schneider

Vendor Business Name: Miss Chocolate Fundraising

Vendor Address: 300 Spagnoli Road

City: Melville NY State & Zip code: 11747

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: 9/28/18

Vice Principal Signature

Signature: [Signature] Date: 10/2/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

- Home
- School Pack
- School Supplies
- Apparel
- Fundraisers
- Science Fair
- Outreach Program

APPAREL COLOR
MAROON

APPAREL COLORS
1. GOLD
2. WHITE


DESIGN LINE CODE
UNI271_092418A

PRODUCT/ITEM CODE
5881

STOCK DESIGN NUMBER
N/A

DISCLAIMER
*Due to variances of colors in different types of computer monitors and full-color printers, the colors that appear on your garment when embroidered or stitched may be a slightly different shade than what appears on the screen or print from your printer.
*Screen shown is not to actual print size.

EPI
EDUCATIONAL PRODUCTS



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EPI Programs

- School Pack
- School Supplies
- Apparel
- Fundraisers
- Science Fair

Get To Know Us

- About Us
- Social Compliance Code Of Conduct

Let Us Help You

- Contact Us
- Delivery And Returns
- FAQs

Getting Social

- Facebook
- Twitter

Quick Links

- Account Log In
- Contact Us
- Employment Application
- EPI Map (Directions)
- Order School Pack



UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): Cheryl Fiske, Tara Scaramuzzi, Will Eichert, Megan Kaplan Date: 7/28/18

Club Name: Senior Class

Acct. No.: 2214 Acct. Balance to Date: _____

Type of Fund Raiser: Apparel Sale

Purpose of Fund Raiser: raise money for Senior Class

Start Date of Project: 10/17/18 Completion Date of Project: 10/31/18

Date of Sale(s): From 10/17/18 To: 10/31/18

Sale Area/Location: order form sales

Sale will be monitored by: all 4 advisors

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

Vendor Representative's Name: Glenn Zuhl

Vendor Business Name: 2K Printing & Promotions

Vendor Address: 170 Westfield Ave West

City: Roselle Park State & Zip code: NJ 07204

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ order form attached

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

Minimum Total Profit Expected: \$ 500.00

Faculty Advisor Signature

Signature: [Signature] Date: 7/28/18

Vice Principal Signature

Signature: [Signature] Date: 7/29/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

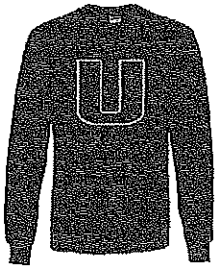
Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

U Apparel

proceeds to support UHS senior class, project grad, prom, senior trip

BLACK LS TEE w/ MAROON AND GOLD IMPRINT



BLACK TEE w/ MAROON AND GOLD IMPRINT



BLACK CREWNECK SWEATSHIRT w/ MAROON AND GOLD IMPRINT



BLACK HOODED SWEATSHIRT w/ MAROON AND GOLD IMPRINT



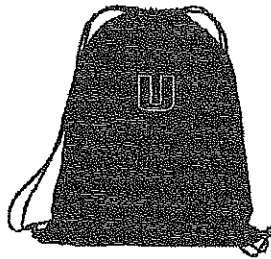
BLACK SWEATPANTS w/ MAROON AND GOLD IMPRINT ON LEFT LEG



BLACK ZIP HOODIE w/ MAROON AND GOLD IMPRINT ON FRONT LEFT CHEST & BACK



BLACK SWEATSHIRT CINCH PACK w/ MAROON AND GOLD IMPRINT



CUSTOM OUTDOOR MAGNET MAROON AND GOLD



BLACK DRI-FIT TEE w/ MAROON AND GOLD IMPRINT



ORDER FORM

Name _____ Phone No. _____

School/Grade _____ Room#/HR _____

| ITEM | ADULT SIZES | | | | | TOTAL QTY. | UNIT PRICE ADULT | TOTAL PRICE |
|--------------------------|-------------|---|---|----|------|------------|------------------|-------------|
| | S | M | L | XL | *XXL | | | |
| LONG SLEEVE TEE | | | | | | | \$18.00 | |
| T-SHIRT | | | | | | | \$15.00 | |
| CREW NECK SWEATSHIRT | | | | | | | \$20.00 | |
| HOODIE SWEATSHIRT | | | | | | | \$25.00 | |
| ZIP-UP HOODIE SWEATSHIRT | | | | | | | \$30.00 | |
| SWEATPANTS | | | | | | | \$25.00 | |
| SWEATSHIRT CINCH PACK | | | | | | | \$15.00 | |
| CUSTOM CAR MAGNET | | | | | | | \$6.00 | |
| DRI-FIT TEE | | | | | | | \$18.00 | |
| TOTAL | | | | | | | | |

*PLEASE NOTE XXLARGE \$2.00 MORE
 ANY QUESTIONS CONTACT CHERYL FISKE AT: cfiske@twpunionschools.org
 CASH OR MONEY ORDER ONLY, NO CHECKS!





UNION HIGH SCHOOL STUDENT ACTIVITIES FUND RAISER PROPOSAL

Applicant Information

Faculty Member (s): ADAM RAFFAELE Date: 9/28/18

Club Name: UHS HIKING CLUB

Acct. No.: 2072 Acct. Balance to Date: _____

.....
Type of Fund Raiser: SHOPRITE BAGGING FUNDRAISER

Purpose of Fund Raiser: RAISE FUNDS TO COVER TRANSPORTATION COSTS FOR TRIPS

Start Date of Project: DECEMBER 15, 2018 Completion Date of Project: DECEMBER 15, 2018

Date of Sale(s): From 12/15/18 To: 12/15/18

Sale Area/Location: SHOPRITE OF UNION, 2401 D, ROUTE 22, UNION, NJ 07083

Sale will be monitored by: ADAM RAFFAELE

*****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: 9/28/18

Vice Principal Signature

Signature: [Signature] Date: 9/29/18

School Treasure Signature

Signature: [Signature] Date: 10/2/18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Mayes Date: 10/1/18

Club Name: Empowerment Mentoring Group

Acct. No.: TBD Acct. Balance to Date: \$ 60.00

Type of Fund Raiser: Bake Sale

Purpose of Fund Raiser: TO raise money in support of Group

Start Date of Project: 10/30/18 Completion Date of Project: 10/30/18

Date of Sale(s): From 10/30/18 To: 10/30/18

Sale Area/Location: Main Office / The Rock Area (after school)

Sale will be monitored by: Mr. Michael Mayes

***** 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: Michael Mayes Date: 10/1/18

Vice Principal Signature

Signature: Kim Okey Date: 10-2-18

School Treasure Signature

Signature: [Signature] Date: 10-2-18

Placed on BOE Meeting Agenda for:

Month: Oct. Year: 2018 Approved: YES NO By: _____

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information Faculty Member Mr. Michael Mayes (s): Date:10/1/2018

Club Name:Empowerment Mentoring Group

Acct. No.: Acct. Balance to Date:

Type of Fund-Raiser: Bake Sale

Purpose of Fund-Raiser: To raise monies in support of group

Start Date of Project: Tuesday, October 30, 2018 Completion Date of Project: Tuesday, October 30, Date of Sale(s): From To: Sale Area/Location: Main Office Vestibule Area and The Rock Area

Sale will be monitored by: Mr. Michael Mayes

*****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: \$

YES NO Month: Year: Approved:

By:

1

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Henn-Hen Date: Oct 2

Club Name: Jazz Band - Mixed Choir, Band

Acct. No.: 2006 Acct. Balance to Date: 40.09

Type of Fund Raiser: OTIS SPUNKMEYER SALE FUNDRAISER

Purpose of Fund Raiser: Music in the Parks yearly event to help with costs

Start Date of Project: Oct 30-2018 Completion Date of Project: NOV 20th, 2018

Date of Sale(s): From Oct 30-2018 To: Nov 20th 2018

Sale Area/Location: Packets will go home

Sale will be monitored by: School Treasurer

*****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: _____ Date: _____

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Angela Rapke, & Kristin Leigler Date: 10/2/2018

Club Name: Feld Trip, Cheerleading, Junior National Honey Staked Card

Acct. No.: 2012 - 2009, 2010 Acct. Balance to Date: 2012 - \$931.84
2009 - \$200.43
2010 - \$138.20

Type of Fund Raiser: AFTER-SCHOOL BAKE SALE

Purpose of Fund Raiser: Support different clubs and activities -

Start Date of Project: OCT 2018 Completion Date of Project: JUNE 2019

Date of Sale(s): From _____ To: _____

Sale Area/Location: _____

Sale will be monitored by: _____

*****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: _____ Date: _____

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

| | | | | | |
|--------------|-------------|-----------|---------------------------------|--------------------------------|-----------|
| Month: _____ | Year: _____ | Approved: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | By: _____ |
|--------------|-------------|-----------|---------------------------------|--------------------------------|-----------|

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): N/A President PTA Date: 10/2/18

Club Name: PTA Event

Acct. No.: N/A Acct. Balance to Date: N/A

Type of Fund Raiser: PTA AFTER-SCHOOL SNACK ACTION

Purpose of Fund Raiser: To raise funds to support Clubs, Activities, and Events for 6th, 7th, and 8th Grade

Start Date of Project: OCT 2018 Completion Date of Project: JUNE 2019

Date of Sale(s): From _____ To: _____

Sale Area/Location: _____

Sale will be monitored by: _____

*****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: _____ Date: _____

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Tony Hainel, Sharon Grayson Date: _____

Club Name: Cheerleading, Builders Club, Athlet. CS

Acct. No.: 2008 Acct. Balance to Date: 477.30

Type of Fund Raiser: STUDENT SPIRIT WEAR DESIGN CONTEST AND

Purpose of Fund Raiser: Build School Culture and Spirit ^{FUNDRAISER} and to raise funds for community service initiatives

Start Date of Project: October 5 Completion Date of Project: November 5th

Date of Sale(s) From: _____ To: _____

Sale Area/Location: _____

Sale will be monitored by: _____

******* 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: _____ Date: _____

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES NO By: _____