

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Riley, Jen CRANE Date: 9-28-23

Club Name: WES Student Council

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

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Type of Fund Raiser: School store

Purpose of Fund Raiser: To raise money for charity - Philanthropic causes.

Start Date of Project: 12-1-23 Completion Date of Project: 6-30-24

Date of Sale(s): From 12-1-23 To: 6-30-23

Sale Area/Location: Washington School Auditorium

Sale will be monitored by: Mike Riley, Jen Crane

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

Vendor Representative's Name: Geeddes School Supplies and Toys

Vendor Business Name: Geeddes School Supplies and Toys

Vendor Address: 7110 Belair Rd.

City: Baltimore State & Zip code: MD 21206

Unit Cost of Product/Service: \$ 1.15 - 1.00

Proposal Sale Price: \$ 1.25 - 1.50

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

Minimum Total Profit Expected: \$ 50

Faculty Advisor Signature

Signature: [Signature] Date: 9-28-23

(Vice) Principal Signature

Signature: [Signature] Date: 9/28/23

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____	Year: _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____
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[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Riley, Jen CRAVE Date: 9-28-23

Club Name: WES Student Council

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

Type of Fund Raiser: Light up Hallways, Valentine telegrams, Read-a-Thon, Walk a Thon, Flower Petal Rts, Bake sale, Dress like your favorite storybook character

Purpose of Fund Raiser: To raise money for charity - philanthropic causes

Start Date of Project: 12-1-23 Completion Date of Project: 6-30-24

Date of Sale(s): From 12-1-23 To: 6-30-24

Sale Area/Location: WES

Sale will be monitored by: Mike Riley, Jen Crane

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

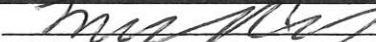
Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____


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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature:  Date: 9-28-23

(Vice) Principal Signature

Signature:  Date: 9/28/23

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

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

