

Applicant Information

Faculty Member (s): V.Menjivar	Today's Date: 9/11/2025	Slub Name: Student Council
Acct. No.: 2053	Acct. Balance to Date:	Event Date: Year Round
Type of Fund Raiser: Snack/Cho	colate Sales	

Start Date of Project: September 2025
Completion Date of Project: June 2026

Date of Sale(s): From September 2025 To: June 2026

Sale Area/Location: UHS

Sale will be monitored by: Victoria Menjivar (Student Council Advisor)

Purpose of Fund Raiser: To raise funds for Student Council and future events

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s: Pirylis

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service:

Proposal Sale Price: <u>Snacks are usually sold at \$2.00 each</u>

Total Cost of all Products Not to Exceed: ≈> 500.00 per purchase

Minimum Total Profit Expected: ≈\$200.00

Faculty Advisor Signature

Date: 9/11/25

Vice Principal Signature

School Treasure Signature

Signature: Date:

Signature

Placed on BOE Meeting Agenda for:

Month: Year: Approved: YES NO By:



Applicant Information

Faculty Member (s): V	'.Menjivar	Date: 9/11/2025
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1/2025 Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: <u>10/2025</u>

Type of Fund Raiser: Homecoming Game

Purpose of Fund Raiser: To not only raise funds for Student Council and future events but to provide students with a safe enjoyable school event/activity.

- <u>Decorations and Items for Coronation will be purchased from Stop & Shop, Norma's Flowers, Amazon, Home Depot & Fabiana Aparicio</u>

Eye Blacks will be sold at \$1,00/set

Start Date of Project: September 2025
Completion Date of Project: October 2025
Date of Sale(s): From October 2025

Sale Area/Location: UHS Football Field

To: October 2025

Sale Area/Location. On S Pootball Meid

Sale will be monitored by: Victoria Menjivar

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s: Stop & Shop, Norma's Flowers, Amazon, Home Depot &

Fabiana Aparicio

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service: \$2,500 for Bleacher decorations.

Backdrop, Coronation items & Eye blacks

Proposal Sale Price: EyeBlacks \$1.00 set

Total Cost of all Products Not to Exceed: \$2,500

Minimum Total Profit Expected: Eyeblacks Profit ≈\$50.00; No profit on décor + coronation items

Signature:

Faculty Advisor Signature

Vice Principal Signature

9/1/

Date: 9/11/2025

Signature: Daté:

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10/0/05

Signature: Date:

Placed on BOE Meeting Agenda for:

School Treasure Signature

Month: Year: Approved: YES NO By:



Month:

Year:

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

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Approved: YES NO

By:



Month:

Year:

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s): V.Menjivar	Applicant Informa Today's Date: 9/11/2025 Club	tion Name: <u>Student Council</u>
Acct. No.: 2053	Acct. Balance to Date:	Event Date: <u>12/2025</u>
Type of Fund Raiser: Holiday Gr	<u>ams</u>	
Purpose of Fund Raiser: To not with a safe enjoyable school eve		ncil and future events but to provide students
- The holiday grams will be	e hand crafted with items purchas	sed from Oriental Trading/Amazon
- Holiday Grams will be so	old at \$2.00/each	
Start Date of Project: November Completion Date of Project: Dec Date of Sale(s): From Sale Area/Location: UHS		
Sale will be monitored by: Victor		visor) R OF ITEMS TO BE SOLD********
Vendor Representative's Name:		
Vendor Business Name: Expec	ted Vendor/s: Oriental Trading/A	mazon
Vendor Address: City: State & Zip code:		
Unit Cost of Product/Service: Ex	xpected Unit cost of Product/S	ervice:
Proposal Sale Price: \$2.00/eacl	h	
Total Cost of all Products Not to		
Minimum Total Profit Expected:	<u>\$300.00</u>	
Signature:	Faculty Advisor Sign	nature Date: <u>9/11/2025</u>
Signature: Date:	Vice Principal Sign	
Signature: Date:	School Treasure Sig	nature 10/6/25
-	Placed on BOE Meeting A	Agenda for:

Approved: YES NO

Ву:



_	Applicant Information	
Faculty Member (s): V.Menjivar	Today's Date: 9/11/2025 Club Na	me: <u>Student Council</u>
Acct. No.: <u>2053</u>	Acct. Balance to Date:	Event Date: <u>12/22/2025</u>
Type of Fund Raiser: Door Deco	rating Contest	
Purpose of Fund Raiser: To pro	vide students with a safe enjoyable s	chool event/activity which promotes SEL
- Winners will get a pizza	<u>party</u>	
Start Date of Project: <u>November</u> Completion Date of Project: Date Sale Area/Location: <u>UHS</u>	/ <u>December 2025</u> e of Sale(s): From To: <u>12/22/2025</u>	
	<u>ria Menjivar (Student Council Advisor</u> BLICATION FROM VENDOR O) F ITEMS TO BE SOLD********
Vendor Representative's Name:		
Vendor Business Name: Expec	ted Vendor/s:	
Vendor Address:		
City: State & Zip code:		
Unit Cost of Product/Service: E	xpected Unit cost of Product/Servi	ce:
Proposal Sale Price:		
Total Cost of all Products Not to	Exceed: <u>\$500.00</u>	
Minimum Total Profit Expected:	No profit	
Signature:	Faculty Advisor Signatu	ure Date: <u>9/11/2025</u>
Signature: Date: W. M.	Vice Principal Signatur	9/16/25
Signature: Date:	School Treasure Signat	ure 10/6/25
	Placed on BOE Meeting Age	nda for:

Month:	Year:	Approved: YES NO	By:	
			,	



Faculty Member (s): ASNICY CAN	Date: 0 \ 05
Club Name: Dance Union+10050001 Dancetrum	
Acct. No.: 083 Acct. Balance to Date:	
Type of Fund Raiser: DC+2els	
Purpose of Fund Raiser: <u>PONSE MORE FOR COMPETITION COSTUM</u>	nes
Start Date of Project: 12 1 25 Completion Date of Project: 1 Date of Sale(s): From 12 1 25 To: 12 1 Sale Area/Location: 10 HIGH SCHOOL Sale will be monitored by: 4 Shigh CLIV ***********************************	2 12 25 12 5 SOLD*******
Vendor Representative's Name:	· .
City: NA State & Zip code: NA	
Jnit Cost of Product/Service: Proposal Sale Price: Sotal Cost of all Products Not to Exceed: Jinimum Total Profit Expected:	
Faculty Advisor Signature Date: Vice Priminal Signature	9/11/26
Vice Principal Signature Eignature: Date:	9/16/25
School Treasure Signature Date:	10/6/95
Placed on BOE Meeting Agenda for: YES NO Honth: Year: Approved: By:	



Faculty Member (s): ASNICY COVY	Date: 911125
Club Name: Dance I Union High School Dance Team	
Acct. No.: #2083 Acct. Balance to Date:	
Type of Fund Raiser: BOO GYAMS (CANCY BOOS)	
Purpose of Fund Raiser: Raise Money for competition season) and costume
Start Date of Project: 1011 85 Completion Date of Project: 1	0131125
Date of Sale(s): From 10 1 3 To: 10 13	1/25
Sale Area/Location: UNION HIGH SCHOOL Sale will be monitored by: ASNIEV COSC	,
**************************************	E SOLD********
Vendor Business Name: NIA	
Vendor Address: N/H City: N/A State & Zip code: N/H	· · · · · · · · · · · · · · · · · · ·
Unit Cost of Product/Service: \$	
7	·
Total Cost of all Products Not to Exceed:	
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advisor Signature	
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advisor Signature	9/11/25
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advisor Signature Signature: Vice Principal Signature	
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advisor Signature Signature: Vice Principal Signature Date:	
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advisor Signature Signature: Vice Principal Signature Date: School Treasure Signature	9/16/25
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected: Faculty Advisor Signature Signature: Vice Principal Signature Date: School Treasure Signature	9/16/25



Faculty Member (s): ASYNO COKY	it Information Date: 역/\\ 25
Club Name: Dance Union High School	Dance Team
Acct. No.: #2083	Acct. Balance to Date:
Type of Fund Raiser: DIC 1000 A DONCE	Team member / Lemonade Stand
Purpose of Fund Raiser: ROKE MONEY FOY DONCE EVENTS	competition, costumes, transportation
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by: ASNEY ASNE	Completion Date of Project:
**************************************	VENDOR OF ITEMS TO BE SOLD*********
Vendor Business Name: NIA	
Vendor Address: N/A City: N/A State & 2	Zip code: NA
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	\$\$ \$\$
Signature: Vice Prince Signature:	pal Signature Date: 9/11/25 Date: 9/11/25
Signature: LAT	sure Signature Date: /6/6/25
Placed on BOE N	leeting Agenda for: YES NO d: □ □ By:



Agalicant information	
Faculty Member (s): TONISTA MAYFICA	_Date: <u>U/24/25</u>
Club Name: Acct. Balance to Date	e: \$ 800,16
Type of Fund Raiser: (105,000 Supplies, Stati	Board Fics, etc
Start Date of Project: 9/5/25 Completion Date of Date of Sale(s)From: 9/5/25 To:	Project: <u>U 30 26</u> U 30 2 <i>U</i>
Sale Area/Location: Sale will be monitored by:	

/) Feat(iv Advisor Signature	
Signature: S. Which	Date: 6/24/25
Mee Principal Signatura	
Signature: A Fassel	Date: 7/3/25
School hesevier Stynature	,
Signature:	Date: 9/16/25
Placed on EOE Weathe Agenda for	
Month: Year: Approved: YES NO	Ву:



UHS Fundraising Proposal - T Mayfield (Royster)

1 message

Lisa Perez
close
dtwpunionschools.org

Thu, Jul 3, 2025 at 10:32 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Eichert William <weichert@twpunionschools.org>, Mary Rose Alfano <malfano@twpunionschools.org>

Diane,

Please see attached fundraising proposal form for Ms. Mayfield (Royster) for the Cosmetology Club.

Thanks,

Lisa Perez Union High School Main Office 2350 N. 3rd Street Union, NJ 07083 908-851-6503 908-687-5204 FAX

scan_lperez_2025-07-03-10-29-27.pdf 118K



Faculty Member (s): ASONO COVID	plicant Information Date: 1014 7,2085
Club Name: UHS Dance Team	
Acct. No.: # 3083	Acct. Balance to Date:
Type of Fund Raiser:	WK CHOOLA
Purpose of Fund Raiser: The DUNDONE OF THIS SCAUDIS GEAR, Appare	el Competition tres and costumes.
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	Completion Date of Project: 5-88 80 To: 5-88 80
**************************************	FROM VENDOR OF ITEMS TO BE SOLD*********
Vendor Address:	
City: St	tate & Zip code:
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	\$
Facul Signature:	Ity Advisor Signature □ Date: JUIY 7, 2005
Signature: School	Principal Signature Date: Date: Office Principal Signature
Signature: <u>LLL</u> Placed on	BOE Meeting Agenda for:
	YES NO pproved: By:



Application

Faculty Member (s): S. Doly M. Myv Club Name: Senior Class Acct. No.:	nder, Jibely		Date:	7/30/25
Club Name: Sevior Class	Acet R	alance to Date:		
Type of Fund Raiser: <u>โดกปุ่ง Grain</u> Purpose of Fund Raiser: <u>Park Mon</u>	ns, Seasonal 1 Ley For Santor	Grams, Mont Class Events	114 G	ams
Start Date of Project: 9 5 25 Date of Sale(s)From:	Comp To:	letion Date of Pro	oject:	6/15/26
Sale Area/Location: UHS Sale will be monitored by: _S- bay .	m. Menders, J.	Daly		
*********ATTACH PUBLICATIO				
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:	\$			
	FIGURY WINE OF ST	ojā etu kā		
Signature: Am Mad			Date:	7/30/25
0	Mee Panienelleie	gelote		
Signature: William Con		I L	Date: 9	/16/25
5	alioolineseniese	Tojne idvice		
Signature:			Date:	9/11/25
Place	CONTEQUENCE	AGENTER PAR		
Month: Year: Ap	proved: YES] NO	Зу:	



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Faculty Member (s):SDelyMMem Club Name:Service Cluss Acct. No.:	ders, T. Daly	Date:7 30 25
Club Name: <u>Semoy Class</u> Acct. No.:	Acct. Balance to [Date:
Type of Fund Raiser: Ch. potte Purpose of Fund Raiser: Raise mon		
Start Date of Project: 9 15 25 Date of Sale(s)From:	Completion Date To:	of Project: 6/15/26
Sale Area/Location:ChipoHe Sale will be monitored by:	n. Menders, J. Daly	
********ATTACH PUBLICATION		
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:	\$:
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Signature: Jun Nay		Date: 7/30/75
/ 1	ice Pindoel Scheduce	/ ,
Signature: Willia Ch		Date: 9/10/25
Se	भूगानुहिन्द्वारहिन्द्वाहिन्द	'
Signature:		Date: 9/11/25
PEOCO		FOR
Month: Year: App	proved: YES NO	Ву:



Faculty Member (s): S. Daly, M. Me	unders, J. Daly Date: 7/30/25
Acct. No.:	Acct. Balance to Date:
Start Date of Project: 9 16 25 Date of Sale(s)From:	Completion Date of Project: <u>しからて</u> To:
Sale Area/Location:	. Menders, T. Daly
*********ATTACH PUBLICATION I	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:	\$
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Signature: Mu Any	Date: 7/30/25
Mig	e Pindopal Stenarite
Signature: July lbg	Date: 9/10/25
Scho	olinesvierSignature
Signature: 40	Date: 9/11/25
Pagadon	Profitation Company
Month: Year: Appro	ved: YES NO By:



Applicationation

aculty Member (s): S. Daly M. Menders, T. Daly lub Name: Senior Class	Date:7 30 25
Club Name: Acct. Balance to	Date:
Type of Fund Raiser: Dress Down Purpose of Fund Raiser: Raise money for Senior Class	. 부드 pl 10 pl = 10 pl .
Start Date of Project: 9/15/75 Completion Date of Sale(s)From:To:	te of Project: 6/13/26
Sale Area/Location: UHS Sale will be monitored by: S. Daly, M. Mandan, J. Daly	
*********ATTACH PUBLICATION FROM VENDOR OF I	TEMS TO BE SOLD********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Tropodar Guis Friest	
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$	
Faquiy Advisor Signature	
Signature: Mun Day	Date: 7/30/75
Mice Principal Signature	1 1
Signature: Will lett	Date: 9/10/25
Selon preside Service	7
Signature:	Date: 9/11/25
Procedure Meaning Avenue	Teorg
Month: Year: Approved: YES NO	Ву:



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Faculty Member (s): S. Daly M. Mend Club Name: Server Class Acct. No.:	Acct. Balance to I	Date:
Type of Fund Raiser: T-Shirt Sale Purpose of Fund Raiser: Carse money		计多语言 不足 医生毒 學者 男人 化硫酸 化二氯甲基乙甲含甲基苯甲苯甲基苯甲基苯甲基苯甲基苯甲苯苯甲基
Start Date of Project: 9 15 25 Date of Sale(s)From:	Completion Date	of Project: 6/15/26
Sale Area/Location: UHS (Unline Goes Sale will be monitored by: Semar ((as	gld Form) s Advisors	
******ATTACH PUBLICATION	FROM VENDOR OF IT	EMS 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:	\$	
Z	My-AMEOFSTOREUTE	
Signature: And And		Date: 7/30/75
Me	e Principal Signature	
Signature: The last		Date: 9/16/25
Sch	envising Stenking	' (
Signature: 40		Date: 9/11/25
Pleider	n Role Weather Actangen	
Month: Year: Appro	oved: YES NO	Ву:



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Faculty Member (s): S. Doly M. M	lenden, J. Daly	Date:7 30 25
Club Name: Serior Class Acct. No.:	Acct. Balance to	Date:
Type of Fund Raiser: كالمستحدة كالإنجادة المستحددة والمستحددة المستحددة المستحد	ns my fer end of the ye	ar Senior Events
Start Date of Project:\ 26 Date of Sale(s)From:	Completion Date	of Project: <u>6 5 26</u>
Sale Area/Location:()HS_(Online Sale will be monitored by:Servior_(Google Form) Class Advisors	
*******ATTACH PUBLICATI	ON FROM VENDOR OF IT	EMS 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:	\$	
	Figury Advisor Stone ture	
Signature: Hun May	/	Date: 7/30/25
	Med Affichiel Signature	1
Signature: Wills Con		Date: 9/10/25
·	school inerstrerston awie	•
Signature: 49		Date: 9/11/25
TEV Plane	don collication and	GOL
Month: Year: A	pproved: YES NO	Ву:



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faculty Member (s): S. Daly M. Menders	, J. Daly Date: 7/30/25
Club Name: <u>Senior (1988</u> Acct. No.:	Acct. Balance to Date:
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Start Date of Project: 9/15/25 Date of Sale(s)From:	Completion Date of Project: Z 20 25
Sale Area/Location: UHS Sale will be monitored by: Server Cluss Advis	s 6 °S
******ATTACH PUBLICATION FRO	M 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: \$	
æiguliy42	Wife Tope Wife
Signature: Jun Ady	Date: 7/30/25
Meeri	तिनान्य ।
Signature: The low	Date: 9/10/25
Sciolin	casuacsonavic
Signature:	Date: 9/11/25
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Month: Year: Approved:	YES NO By:



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Faculty Member (s): S. Day, M. Menders Club Name: Serior Class	. J. baly	Date:7 30 25
Acct. No.:	ACCI, Dalance i	o Date:
Type of Fund Raiser: Snack Sale Purpose of Fund Raiser: Laise mony	Par Djure Senior E	Events
Start Date of Project: 9 15 25 Date of Sale(s)From:	Completion Da	te of Project: <u>6 15 26</u>
Sale Area/Location: UHS Sale will be monitored by: Sernor Class I	Advisors	
********ATTACH PUBLICATION I	ROM VENDOR OF I	TEMS 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:	\$	
Figi	ny AdvisonSignature	
Signature: Jun Day		Date: 7/30/25
Signature:	e Principal Signature	Date: 9/10/25
Selic	ivanjespinesija (d	(/
Signature:		Date: 9/11/25
Processon		निहर्ति । -
Month: Year: Appro	ved: YES NO	Ву:



Applicantain to ination

Faculty Member (s): SSUICI GRENNER (Club Name: MARCHING ROWD Acct. No.: 2033	Congdell Date: 9/9/25
Club Name: MARCHING BOWD	Acet Polomos to Poto: 1900
Type of Fund Raiser: <u>RAND</u> COMPETE Purpose of Fund Raiser: <u>LASE</u> FUNDS	TIM
Purpose of Fund Raiser: LAISE FUNDS	F62 SEASDIN
Start Date of Project: 10/25/25 Date of Sale(s)From: 10/25/25	Completion Date of Project; 13/25/25
Sale Area/Location: 1/45 Foot Boix Sale will be monitored by: CACLOS ESGL	STADIME
Sale will be monitored by:	, relfact brenton
********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: \$	
Riguly Acti	For Signature
Signature:	Date: 9/5/25
ऑस्ट स्थाति	ielisioneiture
Signature:	Date: 9//6/25
Schoolances	wierstonawie
Signature: AA	Date: 1///
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Month: Year: Approved:	YES NO By:



0/1/26
Faculty Member (s): Date:
Club Name: Charle Colly
Acct. No.: 2029 Acct. Balance to Date:
Type of Fund Raiser: Bake Sale Inale Sale Purpose of Fund Raiser: Vall morey for sandy night cally clinic The bling classes
Start Date of Project: Sept 2025 Completion Date of Project: Some 100 Completion Date of Project: Sept 100 Completion Date of Project: Sept 100 Completion Date of Project: Completion Date of Project: Sept 100 Completion Date of Proje
*********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: \$
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Signature: Date: 9 3 25
Mce Principal Stemature
Signature: Date: 9/10/25
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Signature: μ Date: $q/1/25$
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Month: Year: Approved: YES NO By:

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Application

Faculty Member (s): S. Doly, M. Maders	, J. Daly Date: 9/5/25
Slub Name: Servior Class	Acct. Balance to Date:
	pep rally for Fenior Class Events
Start Date of Project: 9 15 15 Date of Sale(s)From:	Completion Date of Project: <u> </u>
Sale Area/Location:UHS Sale will be monitored by:S. Daly , M . (Menders, T. Daly
******ATTACH PUBLICATION F	ROM VENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Name:	
Vendor Address:	
Unit Cost of Product/Service:	\$
Proposal Sale Price:	\$
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$
Fagu	NVVXVIXEOT STEDETUTE
Signature: Shin May	Date: 8/5/75
Micia	Principal Signature
Signature: The GAD	Date: 9/10/25
Signor	olineasúrersignatúre
Signature: 49	Date: 9/11/25
Planeton	
Month: Year: Approx	ved: YES NO By:



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Faculty Member (s): S. Daly, M. Mendes, J.	Date: 8/5/23
Club Name: Senior Class Acct. No.: 3526	Date: 8/5/25 — Acct. Balance to Date:
	ht ingr Class Events
Start Date of Project: 9 16 15	Completion Date of Project:໒(ເ໒∫ເ໒ To:
Sale Area/Location:UHS Sale will be monitored by: _S. Daly , M. Mend	ers, J. Daly
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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: \$_	
Faciliy	AMESTE SICILE WILL
Signature: Jun Mah	Date: 8/3/75
McCPi	indical Stonature
Signature: Will Class	Date: 9/10/25
School	ieasurecsionalure
Signature:	Date: 9//1/25
Procedon EQ	EMeaing/Agenceae
Month: Year: Approved	YES NO By:



Appliementon

Faculty Member (s): S. Daly, M. Menders, J. B	Date: 8/5/25
Club Name: Senior Class Acct. No.: 2526	_ Acct. Balance to Date:
Type of Fund Raiser: Hot cocoa and cool	
Start Date of Project:9 15 75 Date of Sale(s)From:	Completion Date of Project: しりして
Sale Area/Location: UHS Sale will be monitored by:S_boly_M. Mender	s. J. Daly
	VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name:	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Proposal Sale Price: \$	
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$	·
Zeroviliv'Aci	visor Signature
Signature: Muy	Date: 8/5/25
Yee Pine	न्यां विद्याद्वी हैं। विद्याद्वी विद्याद्वी विद्याद्वी विद्याद्वी विद्याद्वी विद्याद्वी विद्याद्वी
Signature: Will Company	Date: 9/10/25
Schooling	smersionavie
Signature:	Date: 9///23
Placestonesoes	Meannet/eaner For
Month: Year: Approved:] YES □ NO By:



Applicantion matter

Faculty Member (s): S. Daly, M. Mende	ers, J. Daly Date: 8/5/25
Club Name: Selfico (1655	Acct. Balance to Date:
	for start of spring for Senior Class Events
Start Date of Project: 9/15/15 Date of Sale(s)From:	Completion Date of Project: <u>しゅらんさん</u> To:
Sale Area/Location:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Menders, J. Daly
*******ATTACH PUBLICATION I	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:	\$
Falgi	NV-AMENTSICHENDIG
Signature: Jun May	Date: 8/5/25
Via	e anterestation of the second
Signature: Will His	Date: 9/16/25
Edic	o are suggetorative
Signature:	Date: 9/11/25
Profesion	DETOIEMMENTOMENTE TO THE
Month: Year: Appro	ved: YES NO By:



S Dala / M. Mudden T Dala

Faculty Member (s): The hold Bala Sala	Date: 8/5/25
Martin Names Santar Clark	
Acct. No.: 2526	Acct. Balance to Date:
Type of Fund Raiser . Thymad Bake Salv	
Purpose of Fund Raiser: Ruse Money Wir	s Schor Class Events
·	
Start Date of Project: 9 15 3	Completion Date of Project: 6/15/26
Date of Sale(s)From:	To:
Salo Argall ocation: UHS	
Sale will be monitored by:	Unders, T. Daly
********ATTACH PUBLICATION FRO	OM 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: \$_	
Fally	ANIMEOTES CITATURE
Signature: Jun Mall	Date: 8/5/25
	Ainelpeli Stematice
Signature: Quille 1999	Date: 9/10/25
	nicasurerSignature
Signature: WA	Date: 9/11/25
Electron E	Oziveanici/Agendalaoin
Month: Year: Approved	d: YES NO By:



Application and the companies of the com

Faculty Member (s): Michele Mandles, Too Oly Shannon Daly	_Date:_ <u>\$\25\25</u>
Club Name: Club S of 1036 Acct. No.: Acct. Balance to Date	
Type of Fund Raiser: NOSE MUNIX FOR SCHOOL CLASS C	VENIZ
Start Date of Project: 1/2005 Completion Date of F	Project: 4/30 /2026
Date of Sale(s)From: $9/1/2005$ To: $10/20/2000$	
Sale Area/Location: WHS Practice Field Sale will be monitored by: Michael Woods Too Pary, Shannon Ba	1
*****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: \$	
Proposal Sale Price: \$	
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$	
Frantivavinisorstichetung	
Fig. 25 Catalog & State Control of Control o	Data: Olalas
Signature: Jaly	Date: 4/2/25
Wine Bainopel Edolphiline	
Signature: VIIII Company	Date: 9/10/25
Soloolinesinestonatue	
Signature: 40	Date: 9////2.5
Placed from FIOTE Meaning (Actanos I Roll	
Month: Year: Approved: YES NO	Ву:



Applicantainte antailen

Faculty Member (s): Michale Mendels, Joe	Odly, Shannan	Paly	Date: 8/25/25
Club Name: Clos of Ilalo	1 \		
Acct. No.:			
Type of Fund Raiser: CISS OF ASOLO Purpose of Fund Raiser: FOIS MONY	-Shirts for senior	Closs	events,
0.11.126.2.6	Olation	Data of D	roinst: 10/38/2006
Start Date of Project: 9/1/2025 Date of Sale(s)From: 9/1/2025	To:	12026	10Ject. 11/1/2079403 x2
Sale Area/Location: Grade Chestian Ches	$\mathcal{M}(C(\mathcal{O}))$		<u> </u>
********ATTACH PUBLICATION FF	OM VENDOR O	F ITEMS	S TO BE SOLD*******
Vendor Representative's Name:			
Vendor Business Name:		*	
Vendor Address:			
City: State & Zip code:			
Unit Cost of Product/Service:			
Proposal Sale Price:	<u> </u>		
Total Cost of all Products Not to Exceed:	5		
Minimum Total Profit Expected:	\$		
		•	
FEGUL	vangerstendu.		
Signature:			Date: 9 2 25
Vice:	Parional Control	G	
Signature: When the			Date: 9/10/28
Solice	inessings Stone		
Signature:			Date: 9///25
PERSON		ngerifor	
Month: Year: Approve	ed: YES NO)	.By:



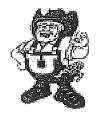
Application and the control of the c

Faculty Member (s): Michall Maryles, Joe Roy, Strange Day	_Date: 80505
Club Name: (1855, of 2026	•
Type of Fund Raiser: Yengy World For Senior (1955 Even	+5
Start Date of Project: $9/1/205$ Completion Date of F Date of Sale(s)From: $9/1/2025$ To: $9/20/2026$	Project: <u>(6/3) 12025</u>
Sale Area/Location: White Mindle Sale will be monitored by: Milk Windle Sale will be monitored by:	æ V
*********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: \$	
Proposal Sale Price: \$	
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$	
Faguly AcMetol Signature	
Signature: Mod Patricipali Signature	Date: 9 2 20 25
Signature: William Company	Date: 9/10/25
School in suite su	
Signature: MA	Date: 9////25
Figure 1 to 1 t	
Month: Year: Approved: YES NO	Ву:



Application and the state of th

Faculty Member (s): MKNUL MUNULS, Joe Dd	y, Shannan Daly	_Date: 8/25 /05
Club Name: Class of Abbo	· · ·	:
Acct. No.: 4586		
Type of Fund Raiser: SMCK SGILS/BQN Purpose of Fund Raiser: YMSR M&MLY	for sevier flozz e	7/6Utz.
0/1/2025	Completion Date of	Project: <u>(0/30/2006</u>
Start Date of Project: 4/1/2025 Date of Sale(s)From: 4/1/2025		10,000. 10,000,000
Sale Area/Location: WHS Sale will be monitored by: MCNOL MODION	s, Joe Paly, amno	n Daly
*********ATTACH PUBLICATION F	ROM 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:	\$	
Proposal Sale Price:	\$	
Total Cost of all Products Not to Exceed:	\$	
Minimum Total Profit Expected:	\$	
Figure	WASKIEGESTEINAUTE	
Signature:		Date: 9 2 2025
Mee	Pandpel Soneric	(
Signature: Willia Con		Date: 9/18/25
School	laneasúneaSignatúrc	
Signature:		Date: 9/11/25
Flaterston	EXOENNEANNE PAGENCE TEOR	
Month: Year: Approv	ed: YES NO	Ву:



Applicanteintennetten

Faculty Member (s): Michele Menders, Just Club Name: Class of 2026 Acct. No.: 2526	Acct. Balance to Date: 9225
Type of Fund Raiser: Mr. UHS Purpose of Fund Raiser: Raise. Monly	
Start Date of Project: 10 1 25 Date of Sale(s)From:	Completion Date of Project: 122325
Sale Area/Location:	5. Daly
*********ATTACH PUBLICATION FROM \	/ENDOR 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: \$	
Right William	Bousine ,
Signature:	Date: 9 2 25
Measting	oal Signatura
Signature: Wilhelm	Date: 9/15/25
Schoolices	mersonatur
Signature: 49	Date: 9/11/25
PEGGGOTEOEM	eamor/control
Month: Year: Approved:	YES NO By:



Application in the market

Faculty Member (s): Michael Munder	See Daly, Shannon Daly	Date: 8/25/25
Club Name: 1705 07 2020		Date:
Acct. No.: 45 46		
Type of Fund Raiser: (195 of 20 Purpose of Fund Raiser: (1986 Mon	of to senior origin	events
	Completion Date	of Project: <u>(p/30/2026</u>
Start Date of Project: 역/	To: <u>(0/30/20</u>	Rlo
Sale Area/Location: Scool Chastico Sale will be monitored by: Michila V	m 10124/0121/Allo Venders, Toe Daly Sman	nor Day
*********ATTACH PUBLICAT	ION FROM VENDOR OF IT	EMS 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:	\$	
	Figuly/AdvisorSignature	
Signature:	los	Date: 9 2 2025
U	Vice Pandpel Signature	
Signature: Will like	}	Date: 9/10/25
	School Free Green School Free Free Free Free Free Free Free Fre	
Signature:		Date: 9/11/25
Pleto	ed on EOEMEMINGACENCE	GOM
Month: Year: A	Approved: YES NO	Ву:



Faculty Member (s): Michael Mondes, Twe	D. L. Shannon Pate: 9/2/2025
Faculty Member (s): 111 (M) (L 1 M) (S) (S)	pary, pary succ.
Acct. No.: 2526	Acct. Balance to Date:
Type of Fund Raiser:	ndraises on Senior class events
Start Date of Project: 101 2025 Date of Sale(s)From:	Completion Date of Project: 6 1 26 26
Sale Area/Location: Sale will be monitored by:	Scotor class advisers
********ATTACH PUBLICATION FROM \	ENDOR 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: \$	
FERMIN/AGM	son Signature
Signature:	Date: 9 2 2025
Meeranci	EISIGNETUTE
Signature: Williams	Date: 9/16/25
	wiessonswie
Signature:	Date: 9/11/25
REGGONECIEN	
Month: Year: Approved:	YES NO By:

Application

2025

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s):	Julia Sa	Applica Vacava	nt Informa			Date: 7/28/25
Club Name: Key Clu	6					
Acct. No.: 46			A	cct. Balanc	e to Date:	
Type of Fundraiser:	snack se	11:19				
Purpose of Fundralser:	fundraise	money	Fuy a	annual	DECON	convention
What are you selling? รูกูล(เมร)					
Start Date of Project:	Stpt	202 S	Comp	letion Date	of Project: <u></u>	une 2026
Date of Sale(s): From	<u>sept</u>	3035		٦	ro: June	3-36
Sale Area/Location:	Front	of 5	chool			
Sale will be monitored b	y: Julia	Soulad	lino			
Vendor Address: City:		State 8	≩ Zip code:			
Unit Cost of Product/Sei	rvice:		\$			
Proposal Sale Price:			\$			
Total Cost of all Product		l:	\$	*		
Minimum Total Profit Ex	pected:		\$			
Signature: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Baladino	Faculty A	dvisor Siç	gnature		7128/25
Signature:	10 bo	(Vice) Pri	incipal Sig	mature	Date:	7/25/25
Signature:	A 140	School Tr	easure Si	gnature	Date:	7/36/25
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Plac	ed on BO			9)74	
Month: Y	ear:	Appro	YES oved:	NO	Ву:	



Faculty Member (s): Melissa Hannon		Date:8/26/25
Club Name: UHSPAC Acct. No.: 2077	Acct. Balance to Da	ate:
	· · · · · · · · · · · · · · · · · · ·	***************************************
Type of Fund Raiser:Dinner Theatre Purpose of Fund Raiser: _Raise funds	s for spring musical	
Start Date of Project: Nov 14	Completion Date o	of Project: Nov 16
Date of Sale(s)From: Sept 17	To: Nov 16	
Sale Area/Location: Online		All and the second of the seco
Sale will be monitored by: <u>M Hannor</u>	1	
*********ATTACH PUBLICA	ΓΙΟΝ FROM VENDOR OF ITE	MS TO BE SOLD*******
Vendor Representative's Name: NA		
Vendor Business Name:		
Vendor Address:	A STATE OF THE STA	
City: State & Zip code:		
Unit Cost of Product/Service:	\$_TBD	
Proposal Sale Price:	\$ 25 per person	
Total Cost of all Products Not to Exceed	d: \$_5000	
Minimum Total Profit Expected:	\$ 3000	
	Faculty Advisor Signature	
Signature: Mehrs Hannon		Date: 8/27/2025
	incipal/Vice Principal Signatur	, ,
Signature:		Date: 8/27/25
1	School Treasurer Signature	
Signature:	A	Date: 8/27/25
Plan	ced on BOE Meeting Agenda F	0)64
Month: Year:	Approved: YES NO	Ву:

Faculty Member (s): Urgens C	Applicant	Informati	ion		Date:9/23/2025
	naries oam		and the second s		
Type of Fund Raiser: <u>Volleyb</u>			0 0 0 0 0 0 0 0		
Club Purpose of Fund Raiser: <u>driv</u>	shirts and clothes e for the homeless.				
Start Date of Project:	11/13/2025	_ Comple	tion Date of I	Project: <u>11/</u>	13/2025
Date of Sale(s): From	11/13/2025		-		
Sale Area/Location:	Union High School				
Sale will be monitored by:	Urgens Charles-Saint				
************ATTACH PU Vendor Representative's Nam Vendor Business Name:					
Vendor Address:					
City:	State & 3	Zip code:			water and the state of the stat
Unit Cost of Product/Service:		\$			
Proposal Sale Price:					
Total Cost of all Products Not	to Exceed:	\$			
Minimum Total Profit Expecte	d:	\$		+	
Signature:	Faculty Adv	visor Sig	nature	Date:	9/23/25
Signature:	(Vice) Prince	cipal Sigr	nature	Date:	9/22/25
Signature: 49	School Trea	asure Sig	nature	Date:	4/26/25
	Placed on BOE				
Month: Year:_	Approve	YES ed: □	NO	Ву:	and the same of th



Application and the companion

Faculty Member (s): CANUS ESQUIM	PL Date: 9/29/25
Club Name: <u>AAACCHING BOND</u> Acct. No.: 2033	Acct Balance to Date:
Type of Fund Raiser: <u>・ BauD Show / M#</u>	ORCHINE
	FOR MAKHNG-BOND 25/20
TOUSE FUNDS	PDIO POLITERI O PAOTE
	- 125
Start Date of Project: 10/25/25	Completion Date of Project: <u> 2/25/25</u> To:
Sale Area/Location: MAIN FIELD	squiler/Greanor
Sale will be monitored by:CD @++05	squiter/Greandr
*********ATTACH PUBLICATION FRO	M 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: \$	
FE GUIVA	Agivisor Signature
Signature:	Date: 9/29/25
Vector	filospeli Steinatore
Signature: July Const	Date: 9/29/25
Seloabi	reasing Signature
Signature: 4/1/	Date: 10/C/25
Placeton EO	ElMading Agarda For
Month: Year: Approved:	YES NO By:



Faculty Member (s): Melissa Hanı	non	Date: 9/24/25
Club Name: <u>UHSPAC</u> Acct. No.: <u>2077</u>	Acct. Balance	to Date:
Type of Fund Raiser: _ Donation D Purpose of Fund Raiser: _ Raise fu	Drive unds for productions and other	UHSPAC student activities
Start Date of Project: Sept 24 202 Date of Sale(s)From: Oct 29	25 Completion D To: June 1	ate of Project: June 1
Sale Area/Location: <u>Online</u> Sale will be monitored by: <u>M Han</u>		· · · · · · · · · · · · · · · · · · ·
	CATION FROM VENDOR OF	ITEMS TO BE SOLD*******
Vendor Representative's Name: Vendor Business Name:Leading Vendor Address:	Edge Fundraising	
City: State & Zip code:		
Unit Cost of Product/Service:	_{\$} 1 per program	
Proposal Sale Price:	\$ <u>30 - 5,000 for vari</u>	ous ad sizes and packages/sponsorsh
Total Cost of all Products Not to Ex	ceed: \$_1000	
Minimum Total Profit Expected:	\$_4000	*
	Faculty Advisor Signatur	a
Signature: Melss Hannon	(SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Date: 9/24/25
	Principal/Vice Principal Signa	ature
Signature: WM UA	\	Date: 9/26/25
	School Treasurer Signatu	re .
Signature:	. E	Date: 10/6/25
	Placed on BOE Meeting Agend	da For:
Month: Year:	Approved: YES NO	Ву:



Faculty Member (s): Melissa Hannon	MANAGE CO. C.	Date:9/24/25		
Club Name: <u>UHSPAC</u> Acct. No.: <u>2077</u>	Acct. Balance to D	Acct. Balance to Date:		
Type of Fund Raiser: Ad and patron/s				
Purpose of Fund Raiser: Raise funds f	for productions			
Start Date of Project: Sept 24 2025	Completion Date of To: March 13	of Project: March 22		
Date of Sale(s)From: Oct 29	10: <u>Water 13</u>			
Sale Area/Location: <u>Individual studen</u>				
Sale will be monitored by: <u>M Hannon</u>				
********ATTACH PUBLICATI	ON FROM VENDOR OF ITE	MS TO BE SOLD*******		
Vendor Representative's Name: NA		- Control of the Cont		
Vendor Business Name:	Address of the state of the sta			
Vendor Address:				
City: State & Zip code:				
Unit Cost of Product/Service:	\$ 1 per program			
Proposal Sale Price:		ad sizes and packages/sponsorsh		
Total Cost of all Products Not to Exceed:	\$ <u>1000</u>			
Minimum Total Profit Expected:	\$_4000			
	Faculty Advisor Signature			
Signature: Muhss Hannon	The Control of the Co	Date: 9/24/25		
Prite	cipal/Vice Principal Signatur	ē /		
Signature: Who had	•	Date: 9/16/15		
	School Treasurer Signature			
Signature:		Date: 10/2/25		
Place	ed on BOE Meeting Agenda F	or:		
Month: Year: A	pproved: YES NO	Ву:		



Faculty Member (s): Melissa Hannon	AND	Date: 9/24/25	
Club Name: <u>UHSPAC</u> Acct. No.: <u>2077</u>	Acct. Balance to Date:		
Type of Fund Raiser: Candy/snack/water : Purpose of Fund Raiser: Raise funds for p	sale productions, competition tr	ip, and other UHSPAC student activit	ties
Start Date of Project: Sept 17 2025 Date of Sale(s)From: Sept 17 2025	Completion Date of To: June 1 2026		
Sale Area/Location: A103 and individual s			
Sale will be monitored by: M Hannon *********************************		에 XP 등 등 등 등 전 점 점 전 XP (XP) 지 자 지 때 다 다 든 중 중 점 전 경 전 전 지 저 지 자 차 점 점 중 중 점 점 지 지 지	
Vendor Representative's Name: Vendor Business Name: Old Fashion Cand Vendor Address: City: State & Zip code: Unit Cost of Product/Service: Proposal Sale Price:	4.000.000		
Total Cost of all Products Not to Exceed: Minimum Total Profit Expected:	\$_3000 \$_3000		
Fac	ulty Advisor Signature		
Signature: Mehrs Hannan		Date: 9/24/25	
7 (1000)	al/Vice Principal Signature		
Signature: WM LAA	ool Treasurer Signature	Date: 9/26/75	
Signature:		Date: 10/6/25	
Placed or	n BOE Meeting Agenda Fo		
Month: Year: Appro	wad: Tyes TNO	By:	