

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information			
Faculty Member (s): <u>Cassiano Dos Santos</u>		Date: <u>9/3/25</u>	
Club Name: <u>Girls Soccer</u>			
Acct. No.: <u>3300</u>		Acct. Balance to Date: _____	
Type of Fundraiser: <u>Edge Fundraiser</u>			
Purpose of Fundraiser: <u>To raise money for awards, end of the year party, and equipment</u>			
What are you selling? <u>Online donations</u>			
Start Date of Project: <u>10/15/25</u> Completion Date of Project: <u>10/15/25</u>			
Date of Sale(s): From _____		To: _____	
Sale Area/Location: _____			
Sale will be monitored by: <u>Coaches</u>			
***** ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD *****			
Vendor Representative's Name: <u>Edge Fundraiser</u>			
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: <u>[Signature]</u>		Date: <u>9/3/25</u>	
(Vice) Principal Signature			
Signature: <u>[Signature]</u>		Date: <u>9/3/25</u>	
School Treasure Signature			
Signature: <u>[Signature]</u>		Date: <u>9/3/25</u>	
Placed on BOE Meeting Agenda for:			
Month: _____	Year: _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____

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Applicant Information			
Faculty Member (s): <u>Cassiano Dos Santos</u>		Date: <u>9/3/25</u>	
Club Name: <u>Girls Soccer</u>			
Acct. No.: <u>3300</u>		Acct. Balance to Date: _____	
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Type of Fundraiser: <u>Snack Sale</u>			
Purpose of Fundraiser: <u>Raise money for breakfast and pre game</u>			
<u>snacks</u>			
What are you selling? <u>Snacks</u>			
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Start Date of Project: <u>10/15/25</u>		Completion Date of Project: <u>11/15/25</u>	
Date of Sale(s): From _____		To: _____	
Sale Area/Location: <u>School</u>			
Sale will be monitored by: <u>Coaches</u>			
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***** 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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Faculty Advisor Signature			
Signature: _____		Date: <u>9/3/25</u>	
(Vice) Principal Signature			
Signature: _____		Date: <u>9/3/25</u>	
School Treasure Signature			
Signature: <u>Anne Bianco</u>		Date: <u>9/3/25</u>	
Placed on BOE Meeting Agenda for:			
Month: _____ Year: _____		Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		By: _____	