



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): A. Foster. O. Wright E. Morgan Date: 9/10/25

Club Name: GIRLS Basketball

Acct. No.: 3320

Acct. Balance to Date: _____

Type of Fund Raiser: BSN online store

Purpose of Fund Raiser: End of year party & activities

Start Date of Project:

OCT 1. 2025

Completion Date of Project:

6/30/25

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: [Signature]

Date: 9/10/25

Vice Principal Signature

Signature: [Signature]

Date: 9/12/25

School Treasure Signature

Signature: [Signature]

Date: 9/12/25

Placed on BOE Meeting Agenda for:

Month: _____

Year: _____

Approved: ☐

YES

NO

☐

By: _____



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): A. Foster & S. Radzik Date: 9/10/25

Club Name: Flag football

Acct. No.: 3260

Acct. Balance to Date: _____

Type of Fund Raiser: BSN ONLINE store

Purpose of Fund Raiser: Raise money for end of year party & activities

Start Date of Project: Oct. 1, 2025 Completion Date of Project: June 30, 2025

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: [Signature]

Date: 9/10/25

Vice Principal Signature

Signature: [Signature]

Date: 9/12/25

School Treasure Signature

Signature: [Signature]

Date: 9/12/25

Placed on BOE Meeting Agenda for:

Month: _____

Year: _____

Approved: ☐

YES

NO

☐

By: _____



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): A. Foster & S. Radzik Date: 9/10/25

Club Name: Flag Football

Acct. No.: 3260

Acct. Balance to Date: _____

Type of Fund Raiser: Leading Edge

Purpose of Fund Raiser: Raise money for end of year party + ~~amuse~~ activities

Start Date of Project: Oct 1, 2025 Completion Date of Project: 6/30/25

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: A. Foster

Date: 9/10/25

Vice Principal Signature

Signature: [Signature]

Date: 9/12/25

School Treasure Signature

Signature: [Signature]

Date: 9/12/25

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____

Approved: ☐ YES ☐ NO

By: _____