

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Robert B. Thompson Date: 9/16/25

Club Name: BASEBALL

Acct. No.: 3350 Acct. Balance to Date: _____

Type of Fundraiser: BSN ONLINE CLOTHING

Purpose of Fundraiser: RAISE FUNDS FOR BASEBALL PROGRAM

What are you selling? CLOTHING

Start Date of Project: Nov. 1, 2025 Completion Date of Project: June 2026

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: BSN

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: 9/16/25

(Vice) Principal Signature

Signature: [Signature] Date: 9/16/25

School Treasure Signature

Signature: [Signature] Date: 9/16/25

Placed on BOE Meeting Agenda for:

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

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ROBERT B. THOMPSON Date: 9/16/25

Club Name: BASEBALL

Acct. No.: 3350 Acct. Balance to Date: _____

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Type of Fundraiser: ONLINE FUNDRAISER

Purpose of Fundraiser: RAISE FUNDS FOR CONDITIONING/
WORKOUT. END OF YEAR CELEBRATION/SENIOR GIFTS

What are you selling? _____

Start Date of Project: MARCH 1ST - JUNE 15TH, 2026 Completion Date of Project: _____

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: LEADING EDGE

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: 9/16/2025

(Vice) Principal Signature

Signature: [Signature] Date: 9/16/25

School Treasure Signature

Signature: Anne Bruno Date: 9/16/25

Placed on BOE Meeting Agenda for:

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