



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): LESTER LEMBORYK Date: 9-4

Club Name: UNION BOYS SOCCER

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

Type of Fund Raiser: ONLINE BLAST FUND RAISER

Purpose of Fund Raiser: TO PURCHASE ADDITIONAL EQUIPMENT
TEAM MEALS, AND TEAM ACTIVITIES.

Start Date of Project: 9/20/23 Completion Date of Project: 9/20/24

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: Blast Athletics

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: 9/5/23

Vice Principal Signature

Signature: [Signature] Date: 9/5/23

School Treasure Signature

Signature: [Signature] Date: 9/5/23

Placed on BOE Meeting Agenda for:

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



STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Coach Dino DeBellonia Date: 9/5/23

Club Name: UITS Wrestling

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

Type of Fund Raiser: BSN on-line clothing store

Purpose of Fund Raiser: To raise funds for the program: end of season party and trophies, summer wrestling camp, etc

Start Date of Project: 9/20/23 Completion Date of Project: 12/30/23

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: Dino DeBellonia Date: 9/5/23

Vice Principal Signature

Signature: [Signature] Date: 9/5/23

School Treasure Signature

Signature: Anne Bucino Date: 9/5/23

Placed on BOE Meeting Agenda for:

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