



# Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Bridget Sloan Date: 2/15

Club Name: Drama Club

Acct. No.: 2011 Acct. Balance to Date: \$4941.00

Type of Fund Raiser: Ticket sales / T-shirt sales / concessions

Purpose of Fund Raiser: Raise money for students in drama club to put on production of 'Raise-your-voice'

Start Date of Project: ASAP Completion Date of Project: April 21<sup>st</sup>

Date of Sale(s): From ASAP To: April 21<sup>st</sup>

Sale Area/Location: Burnet Middle School

Sale will be monitored by: Bridget Sloan; Terron Singletary

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

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: Custom Ink

Vendor Address: 120 Central Ave

City: Westfield State & Zip code: NJ

Unit Cost of Product/Service: \$ 12

Proposal Sale Price: \$ 17

Total Cost of all Products Not to Exceed: \$ N/A (NOT COMING FROM ACCOUNT)

Minimum Total Profit Expected: \$ \$ 1,500

### Faculty Advisor Signature

Signature: Bridget Sloan Date: 2/15/24

### Vice Principal Signature

Signature: [Signature] Date: 2/20/24

### School Treasure Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): M. Hannon Date: 2/23/24

Club Name: Advanced Musical Theatre

Acct. No.: 2001 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Poppin Popcorn

Purpose of Fund Raiser: Raise funds for student-directed production

Start Date of Project: 1/1/24 Completion Date of Project: 6/1/24

Date of Sale(s).....From: 4/1/24 To: 4/30/24

Sale Area/Location: Online

Sale will be monitored by: M. Hannon

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

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: Poppin Popcorn

Vendor Address: 1038 Washington Ave

City: State & Zip code: Holland, MI 49423

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ Varied

Total Cost of all Products Not to Exceed: \$ 0

Minimum Total Profit Expected: \$ 500

<b>Faculty Advisor Signature</b>	
Signature: <u>Melissa Hannon</u>	Date: <u>2/19/2024</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/23/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>J. Haykewson</u>	Date: <u>2/26/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): M. Hannon Date: 2/23/24

Club Name: Advanced Musical Theatre

Acct. No.: 2001 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Tape an administrator to the wall

Purpose of Fund Raiser: Raise money for student-directed production. Donations will be collected during the week. If we reach our goal of \$500, an administrator will be taped to a wall.

Start Date of Project: 1/1/24 Completion Date of Project: 6/1/24

Date of Sale(s).....From: 4/15/24 To: 4/19/24

Sale Area/Location: UHS - students will collect money from classmates and faculty

Sale will be monitored by: M. Hannon

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

Vendor Representative's Name: NA

Vendor Business Name: NA

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ 0

Proposal Sale Price: \$ 0

Total Cost of all Products Not to Exceed: \$ 0

Minimum Total Profit Expected: \$ 500

<b>Faculty Advisor Signature</b>	
Signature: <u>Melissa Hannon</u>	Date: <u>2/19/2024</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>William [Signature]</u>	Date: <u>2/23/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>J. Byglowson</u>	Date: <u>2/26/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Dana Bobertz Date: 2/22/24

Club Name: Farmer Fam/UMatter

Acct. No.: 2226/2005 Acct. Balance to Date: \$79.66/\$356.44

Type of Fund Raiser: Sunset Tailgate

Purpose of Fund Raiser: To raise money for fall activities and continue to build the UHS student community

Start Date of Project: June 12, 2024 Completion Date of Project: June 12, 2024

Date of Sale(s): From June 12, 2024 To: June 12, 2024

Sale Area/Location: UHS Practice Field

Sale will be monitored by: Dana Bobertz

\*\*\*\*\* 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: *Dana Bobertz* Date: 2/22/24

### Vice Principal Signature

Signature: *William [unclear]* Date: 2/23/24

### School Treasure Signature

Signature: *[unclear]* Date: 2/23/24

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

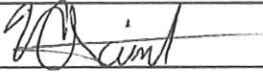

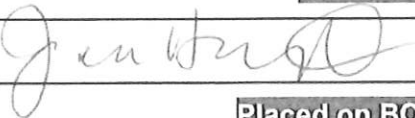
Faculty Member (s): R Diaz & U Charles-Saint      Date: 2/23/24  
Club Name: Empowerment  
Acct. No.:                      Balance to Date:

-----  
Type of Fund Raiser: MISS UHS  
Purpose of Fund Raiser: Club Fundraiser  
Start Date of Project: April 26, 2024    Completion Date of Project: April 26, 2024  
Date of Sale(s).....From: April 26, 2024 To: April 26, 2024

Sale Area/Location: Small Gym at UHS  
Sale will be monitored by: R Diaz & U Charles-Saint

-----  
\*\*\*\*\* 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:                      \$ 5 per ticket \_\_\_\_\_  
Proposal Sale Price:                                      \$5.00 per ticket  
Total Cost of all Products Not to Exceed:                      \$ \_\_\_\_\_  
Minimum Total Profit Expected:                      \$500.00

<b>Faculty Advisor Signature</b>	
Signature: 	Date: 2/23/24
<b>Vice Principal Signature</b>	
Signature: 	Date: 2/23/24
<b>School Treasurer Signature</b>	
Signature: 	Date: 2/23/24
<b>Placed on BOE Meeting Agenda For:</b>	
Month: <u>4</u> Year: <u>26</u> Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____

March 1



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Theresa Wong Date: February 21, 2024  
 Club Name: Red Cross Club  
 Acct. No.: N/A Acct. Balance to Date: 0

Type of Fund Raiser: Monthly Snack Sale  
 Purpose of Fund Raiser: To raise money for upcoming events and activities that the club would like to hold in the 2023-2024 school year. Raising \$ for the Red Cross & club activities  
 Start Date of Project: 3/1/24 Completion Date of Project: 6/15/24  
 Date of Sale(s).....From: 3/1/24 3/27/24 To: 6/15/24

Sale Area/Location: Main Lobby  
 Sale will be monitored by: Theresa Wong

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

Vendor Representative's Name: N/A  
 Vendor Business Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ 5 \$1 - \$5  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: <u>Theresa Wong</u>	Date: <u>2/21/24</u>
<b>Vice Principal Signature</b>	
Signature: <u>Will [Signature]</u>	Date: <u>2/21/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/21/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Application Information

Faculty Member (s): V.Menjivar Today's Date: 2/14/2024 Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: Year Round

Type of Fund Raiser: Snack/Chocolate Sales

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

Start Date of Project: March 2024

Completion Date of Project: Date of Sale(s): From To: June 2024

Sale Area/Location: UHS

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

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s:

Vendor Address:

City: State & Zip code:

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

Proposal Sale Price: Snacks are usually sold at \$2.00 each

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

Minimum Total Profit Expected: ≈\$500.00

Signature: [Signature]

Faculty/Advisor Signature

Date: 2/14/2024

Signature: [Signature] Date:

Vice Principal Signature

Signature: [Signature] Date:

School Treasurer Signature

2/14/2024

Placed on Board Meeting Agenda for:

Month:

Year:

Approved: YES NO

By:



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 02/26/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: GRADUATION FLOWER SALE

Purpose of Fund Raiser: RAISE FUNDS FOR THE JUNIOR CLASS

Start Date of Project: 04/2024 Completion Date of Project: 06/2024

Date of Sale(s): From BOE APPROVAL To: DAY OF GRADUATION

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ERIC TRIPP + JADA NYARKO

\*\*\*\*\*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: 02/26/2024

### Vice Principal Signature

Signature: [Signature] Date: 2/27/24

### School Treasure Signature

Signature: [Signature] Date: 2/27/24

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_





# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYAZKO Date: 02/23/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: KONA ICE SALE

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 04/2024 Completion Date of Project: 06/2024

Date of Sale(s): From BOE APPROVAL To: END OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL / C-117 / B-105

Sale will be monitored by: ERIC TRIPP + JADA NYAZKO

\*\*\*\*\* 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: 02/23/2024

## Vice Principal Signature

Signature: [Signature] Date: 2/27/24

## School Treasure Signature

Signature: [Signature] Date: 2/27/24

## Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): GRENNDR / ESQUIVEL Date: 2/28/24  
 Club Name: MARCHING BAND  
 Acct. No.: 2033 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: ONLINE DONATIONS  
 Purpose of Fund Raiser: ONLINE DONATION DRIVE FOR 24/25  
COMPETITIVE SEASON

Start Date of Project: 3/31/24 Completion Date of Project: 3/31/25  
 Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: ONLINE PLATFORM  
 Sale will be monitored by: GRENNDR / ESQUIVEL

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

Vendor Representative's Name: Rudy Hererling  
 Vendor Business Name: Blast Athletics  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_ NJ \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \$2500.00

<b>Faculty Advisor Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/28/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/28/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/28/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____