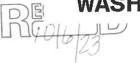




#### HANNAH CALDWELL ELEMENTARY SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

	cant Information	
Faculty Member (s): Anne Marie Co	aldanola	Date: 10 5 23
Club Name: Art		
Acct. No.: 2022	Acct. Balance	e to Date: \$1628.68
Type of Fund Raiser: Artome Ar	t Show	CALLY AND TO COMMENT AND ARREST MEMBERS AND PROBABILITY OF THE ARREST AND ARREST COMMENTS AND ARREST COMMENTS
Date of Sale(s): From 5/14/24 Sale Area/Location: Fannah Ca	Completion Date of	of Project: 5 (24) 24 o:
**************************************	c- Repis D	benieen Wolber
Vendor Address: 1225 Old Alpharetta GA state	e & Zip code: 300	005
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Nort to Exceed Minimum Total Profit Exprected:	\$ \$ 27.00 \$ \$ \$ \$ 27.00	?
Signature: January	Advisor Signature  Addaws  Fincipal Signature	Date: 10/5/23
Signature:  Signature:  School Signature:	Treasure Signature	Date: (6/5/23
	<b>©E Meeting Agenda fo</b> YES NO proved: □ □	By:
		30

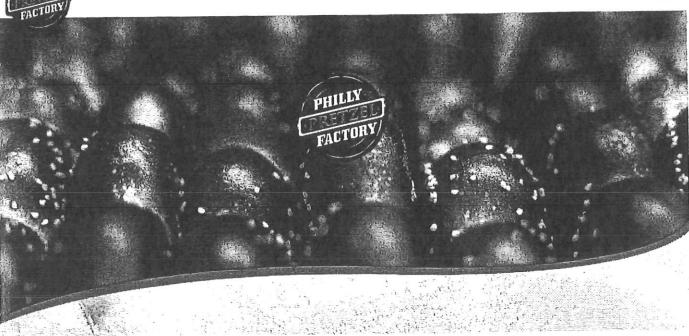
#### WASHINGTON ELEMENTARY SCHOOL



# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

	Applicant	t Information		
Faculty Member (s): <u>kim</u>				ate: 10/6/23
Club Name: <u>GUIDANCE</u>	Counselor	/ PBSIS II	ncentive	<u>Progran</u>
Acct. No.: 2005				
*****************				
Type of Fund Raiser: PRET24	1 SALE	0.0.00	1 - 61 :	0/21/11/21/21
Purpose of Fund Raiser: BCh	avid mad students =	HICHIVX - HOPURCHQX	Washing prizes	<u>GOV UUGC</u> 
Start Date of Project:  Date of Sale(s): From  Sale Area/Location:	10/6/20 Monthly	Completion Date o	of Project:	
Sale will be monitored by:	ZIMM	ĴWAN O		
**********ATTACH PUE	U ICATION FROM	VENDOR OF ITE	MS TO BE SO	)  D******
Vendor Representative's Name:				
Vendor Business Name: Ph				
Vendor Address: 295 Sc	outh ave EAS	3T	•	
City: WESTFIELD	State &	Zip code: NJ	57083	
Unit Cost of Product/Service:		\$ . 55	5	
Proposal Sale Price:		\$ 2.00		
Total Cost of all Products Not to	Exceed:	\$ 3000.00		
Minimum Total Profit Expected:		\$ 1000·C	) (	
Signature:	Malan	visor Signature	Date:	10/6/23
Signature:	(Vice) Prin	cipal Signature	Date:	10/6/2023
Signature: May North		asure Signature	Date:	10/6/03
A SECURITION OF THE PARTY OF TH	Placed on BOE	Meeting Agenda fo	or:	
Month: Year:	Approv	YES NO ed: □ □	Ву:	





# WHERE BETTER GETS MADE.

Being "Better" sounds easier than it is. It takes dedication. Risk-taking. A refusal to compromise your principles. And yeah, sometimes that means keeping things simple. From our shape to our recipe, wholesome is how we do things better, every time. It's not just about what goes into our pretzels. It's about how you feel when you eat one...or four! It's in the memories you make at tailgates, birthday parties, and movie nights – and the happiness you feel when you take the first bite.

Better is how we measure ourselves. At Philly Pretzel Factory, we dedicate every day to the craft, the creation, and the experience of better.

#### **OUR HISTORY: PHILLY BORN AND BREAD**

Our founder, Dan DiZio, grew up eating pretzels. He started selling soft pretzels in his neighborhood at age eleven, becoming a child entrepreneur with a sales team of kids from all around the town. He missed pretzels when he went away to school, so after graduation Dan partnered with his college buddy Len Lehman to found the original Philly Pretzel Factory location in the Mayfair section of Philadelphia. Dan and Len were inspired by their love for pretzels and experiences with the original Philly-based pretzel bakeries, so it was no surprise that their own pretzels were delicious! They held a deep respect for those founding fathers whose wholesale bakeries in the warehouses in and around Philadelphia fed the locals at all times of days. So opening their first Philly Pretzel Factory as an actual storefront instead of in an industrial space was an experiment, a kind of "why not try this," between



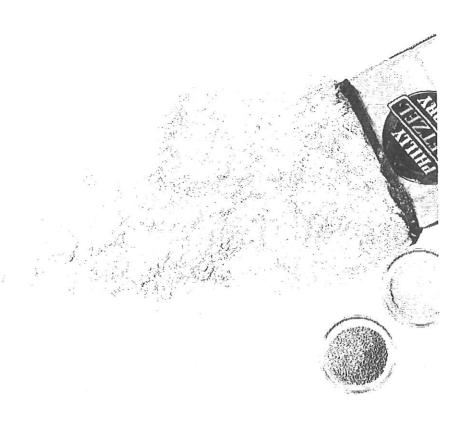




0:00 / 0:53

#### **HOW WE DO IT: FACTORY FRESH**

Sounds like an oxymoron, right? Wrong. All of our pretzels are hand-twisted and baked fresh using proprietary equipment and an ingredients list that's short and sweet. Flour, water, yeast, and a pinch of salt are all you knead for a fresh, no mess snack. Simple makes them better! Because our pretzels are so deliciously simple, we leave it up to you to customize with dips and mustards. You'll also find our pretzels wrapped around specialties like cheesesteaks and hot dogs. Find a new favorite every time!





MENU

START AN ORDER

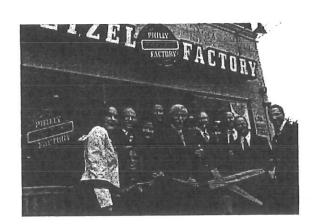
FIND A STORE

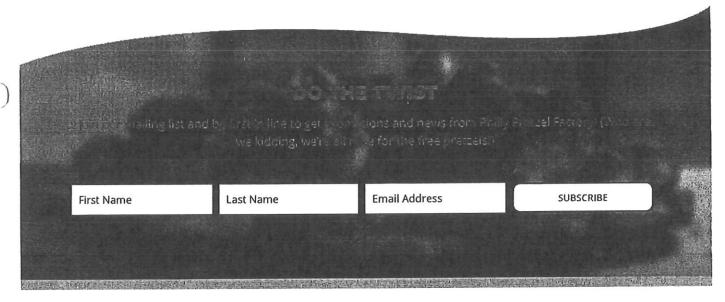
VIEW THE MENU

# MAKE THE DOUGH WHEN YOU OWN A PHILLY PRETZEL FACTORY

Interested in opening a Philly Pretzel Factory of your own? We can't wait to meet youl We're softies after all. Find out more or contact us and we'll make sure you have all the information you knead.

OWN A FRANCHISE





#### MENU

Menu

**Nutritional** 

Gift Card Balance

Merchandise

#### LEGAL

Privacy Policy

**General Contest Rules** 

#### **LOCATIONS**

**Store Locator** 

#### **ABOUT**

**About** 

Careers

**FAQs** 

Own A Franchise

Franchisee Login

#### CONTACT

Contact Philly Pretzel Factory

Philly Pretzel Factory HQ 1525 Ford Road Bensalem, PA 19020 (215) 338-4606 info@spfsinc.com



# **WASHINGTON ELEMENTARY SCHOOL**

# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

10 10 PM 50 50 31	NATIONAL PROPERTY AND A	Applicant In	formation			
Faculty Membe	er (s):	Maranc			Date: _/ _/	1812
Club Name:	201001	DUNISHIC	/ Y			
Acct. No.:	2005		Acct. Balanc	ce to Date: 4 8	152,60	
Type of Fund F	Raiser: <u>JPC</u>	wenly Al	2+3	************		
Purpose of Full	nd Raiser: $\frac{40}{}$	aise moi	nly tor nitaren 1	"Hear with car	ienly f	<u>10H</u> S" 
Start Date of P Date of Sale(s) Sale Area/Loca Sale will be mo	: From	CC.1,2023 CC.1,2023 Kim Mou		e of Project:	PCJ, 20	123
Vendor Repres	sentative's Name:	SCC ATTACHE	d	EMS TO BE S	SOLD*******	
	ss:					
City:		State & Zip	code:			
Proposal Sale Total Cost of a	roduct/Service: Price: all Products Not to Ex I Profit Expected:	\$ xceed: \$	1.00			
Signature:	KALAG	Faculty Advis		Date:	10/191	23
Signature:	and the second	Vice Principa	al Signature	Date:	10/23/27	
Signature:	Mary at has	School Treasu		Date:	10/19/23	-
Month:	Year:	Placed on BOE Me Approved:	eting Agenda f	for: By:		Ko Kill

**Complete** Phone: 920-362-2668 (tel:9203622668)

Address: 2325 Pamperin Rd. Suite 3 - Green Bay, WI 54313

(https://goo.gl/maps/m6rxT9YLDizGDidc8)

<u>Heavenly Hats</u> About Us ▼ Testimonials News And Events Hat Parade ▼ Contact Us



# Request A Hat Package

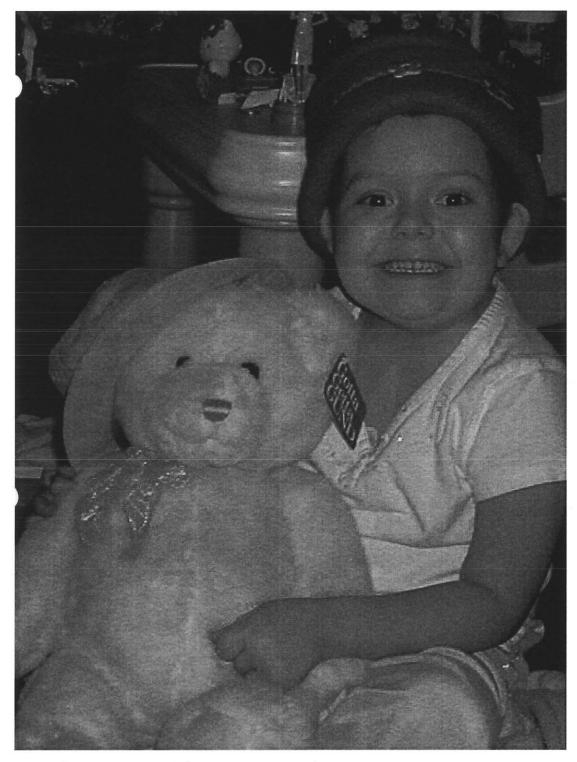
FILL OUT THE FORM (/REQUEST-A-HAT-PACKAGE/)



The Heavenly Hats Foundation ™ collects and distributes brand new hats of all kinds to those heroes of all ages who lose their hair due to the treatment of cancer or the many other medical conditions which hay cause hair loss. The Heavenly Hats Foundation ™ was founded by Anthony Leanna of Green Bay, WI when he was only 10 years old. Heavenly Hats is an official 501(c)3 organization and will provide our letter of acceptance from the IRS if requested.

Since it's beginnings in 2001, Heavenly Hats<sup>™</sup> has distributed more than 4,500,000 brand-new hats to individuals and hospitals. We want to help every patient who is in need of head wear for warmth, comfort, courage and strength.

It's our hope and prayer that one day a cure for cancer and the many other illnesses that affect our family and friends will be found and eventually no one will be in need of a Heavenly Hat™, but until then we'll keep sending these special hats (and smiles) to our Hat Heroes. Thank you to all of our donors without you, we would not be able to continue on with our mission.



One of our very special Hat Hero's Kami Bug.



#### **Hat Parade**

Please help us to make our "Hat Parade" a huge success and help all of our "Hat Heroes" in need. The cost of shipping our new hats to the patients and hospitals is huge.

Learn More

(/hat-parade/)



#### **Hat Package Request**

We are asking hospitals and hospital staff to ask their patients who are in need of new head wear to fill out our "Hat Request Form". Thank you for your help!

Learn More

(/request-a-hat-package/)

#### HELP SUPPORT THE HEAVENLY HATS FOUNDATION ™

Be a part of one of National Hat Parades. Please visit our "Hat Parade" page and find out how your

school, business, church or organization can hold a fun hat parade and help our foundation. See

#### the Hat Parade Information Page (https://heavenlyhats.org/hat-parade/) for more.

- Have your church or organization collect monetary donations for Heavenly Hats or we can always used brand new stuffed animals and toys for the children's boxes.
- Theme your Bat/Bar Mitzvah for Heavenly Hats and collect brand new hats and collect monetary donations at your special event.
- Make a monetary donation using our PayPal option or Fundly.com donation link on any of our pages or you can send your donation directly to:
- Have your club, school, business, church, temple or organization hold a fundraising event in your community to help support Heavenly Hats.



Heavenly Hats has earned its gold seal of approval from this country's leading charity navigator Guidestar.

A special thank you to **Ace Manufacturing (http://ami-mfg.com/)** of Green Bay who has been generous enough to donate office and storage space and to **Green Bay Packaging** (http://www.gbp.com/) of Green Bay, WI who has also kindly

donated Heavenly Hats™ warehouse space for our out of season hats and has donated custom boxes to ship the hats. Thank you both very much without the generosity of these businesses we would not be able to continue on with our mission to help all of the cancer patients in need.

Invite your local schools, businesses or local organizations to help our foundation by holding a *Hat Parade* (/hat-parade/). Please join us and help us help those in need!

#### HEAVENLY HATS FOUNDATION™

ATTENTION: DeeAnn Paschke 2325 Pamperin Rd. Suite 3 Green Bay, WI 54313

If you are donating hats please send them to: 660 N. Northview Rd.
Green Bay, WI 54311

#### **QUICK LINKS**

Heavenly Hats (https://heavenlyhats.org/)

About Us (https://heavenlyhats.org/about-us/)

About Us (https://heavenlyhats.org/about-us/)

History (https://heavenlyhats.org/about-us/history/)

Help Support (https://heavenlyhats.org/about-us/help-support/)

Hat Angels Donors (https://heavenlyhats.org/about-us/hat-angels-donors/)

Testimonials (https://heavenlyhats.org/testimonials/)

News And Events (https://heavenlyhats.org/news-and-events/)

Hat Parade (https://heavenlyhats.org/hat-parade/)

Hat Parade (https://heavenlyhats.org/hat-parade/)

Hat Heros (https://heavenlyhats.org/hat-parade/hat-heros/)

Request a Hat Package (https://heavenlyhats.org/hat-parade/hat-package/)

Contact Us (https://heavenlyhats.org/contact-us/)

#### **OUR FACEBOOK**



# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information
Faculty Member (s): Cassicus Dos Scutos Date: 9/28/23
Club Name: Union Gills Soccer
Acct. No.: 3290 Acct. Balance to Date:
Type of Fund Raiser:
Purpose of Fund Raiser: IPam Awards and Food
Start Date of Project: ////3 Completion Date of Project: \( \( \begin{align*} \lambda \lambda \lambda \eqric \lambda \lambda \lambda \lambda \eqric \lambda \l
Date of Sale(s): From
Sale Area/Location: School
Sale will be monitored by: Cassicua Dos Soutos
******ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD********
Vendor Representative's Name:
Vendor Business Name:
Vendor Address:
Vendor Address: State & Zip code:
Unit Cost of Product/Service: \$
Proposal Sale Price: \$
Total Cost of all Products Not to Exceed: \$
Minimum Total Profit Expected:
Signature: Date: 9/28/23
Signature:  Date: 9/28/27
School Treasure Signature  Signature  Date: 91 93  Placed on BOE Meeting Agenda for:
YES NO
Month: Year: Approved:   By:



# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s):	Applicant Ir		Date: 16/2/23
Club Name Girls Bas			
Acct. No.: 3220	,	Acct. Balanc	ce to Date:
Type of Fund Raiser:	e Blas	t Fund	raiser
Purpose of Fund Raiser: To po	irchase a	addition	requipment +
Start Date of Project:  Date of Sale(s): From  Sale Area/Location:  Sale will be monitored by:	15/23		of Project: 6 30 Z4 To:
**************************************	ATION FROM V	ENDOR OF IT	EMS TO BE SOLD********
Vendor Representative's Name:			
Vendor Business Name:		a i	4
Vendor Address:	*		ž.
City:	State & Zij	p code:	
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not to Exce Minimum Total Profit Expected:	ed:	\$	
Signature: Ohiesa	Faculty Advis	sor Signature	Date: /0/2/23
		al Signature	
Signature:	). Vice Fillicip	ai Signature	Date: 10/2/23
Signature:	School Treas	5	Date: 10 7 73
Month: Year:	Approved:	YES NO	Ву:



Faculty Member (s): MCMchon	Date: 10 17 23
Club Name: Softhall Acct. No.: 3340	Acct. Balance to Date:
Type of Fund Raiser: Llading Edge Fundra Purpose of Fund Raiser: Raise money for Night nicessities	and of the year softball events   Senior
Start Date of Project: 3 01 24  Date of Sale(s)From:	
Sale Area/Location: UHS 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 Ad	visor Signature
Signature: Mem Mullim	Date: 10 17 23
Principal/Vice	Principal Signature
Signature:	Date: 10/17/23
School Trea	asurer Signature
Signature: DAMO BAONI	Date: 10/17/23
Placed on BOE	Meeting Agenda For:
Month: Year: Approved:	YES □ NO By:





Faculty Member (a): Julia Saladina Club Name: Key Club Acct. No.; He Acct. Balance to Date	_Date: 9/2-C/2-3					
Type of Fund Raiser: Gertynde Hawk Purpose of Fund Raiser: Raise money for key Such as DECON	Club expenses					
Start Date of Project: 10/0/23 Completion Date of Project: 10/0/1/23  Date of Sale(s)From: To:						
Sale Area/Location: UHS Sale will be monitored by: UUI a Saladina						
Vendor Representative's Name: Share Uhl  Vendor Business Name: Alvive Hawk  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:  \$ 4000	S TO BE SOLD*******					
Faculty Advisor Signature	· · · · · · · · · · · · · · · · · · ·					
Signature: MW follows	Date: 9/20/23					
Principal/Vice Principal Signature						
Signature: authea Bussia	Date: 10/16/23					
School Treasurer Signature						
Signature:	Date:					
Placed on BOE Meeting Agenda For						
Month: Year: Approved: YES NO	Ву:					





Faculty Member (s): Wia Saladi 10 Club Name: Key Club Acct. No.: 46 Acct. Balance to Date	
Type of Fund Ralser: Bage Stick Sale Purpose of Fund Ralser: Eaise money for key expenses such as DECON	Club
Start Date of Project: 10/(0/23 Completion Date of Date of Sale(s)From: To:	
Sale Area/Location: L105, he fore or ofter school Sale will be monitored by: Julio Solodino	
*****ATTACH PUBLICATION FROM VENDOR OF ITEM	S TO BE SOLD*****
Vendor Representative's Name: N/A	
Vendor Business Name: N/A	
Vendor Address: N/A	1. *
City: State & Zip code:	
Unit Cost of Product/Service:	
Proposal Sale Price: \$ \(\sum_{\text{\lambda}}\)	
Total Cost of all Products Not to Exceed:	
Minimum Total Profit Expected:	· · · · · · · · · · · · · · · · · · ·
Faculty Advisor Signature	
Signature: All All	Date: 9/20/2-3
Principal/Vice Principal Signature	
Signature: Ollhea Buskurl	Date: 10/16/03
School Treasurer Signature	
Signature:	Date:
Placed on BOE Meeting Agenda For	
Month: Year: Approved: YES NO	By:



#### STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s): _Sara Matos	Date:10/24/2023
Club Name:FBLA	
Acct. No.:Not Sure Acct. Balance to Date:	
Type of Fund Raiser:Krispy Kreme	
Purpose of Fund Raiser:To raise money for yearly dues (\$17 per mer	nber), to help fund potential trips
to state competitions and nationals Start Date of Project:11/22/2023 Completion Date of Pr	
Start Date of Project:11/22/2023 Completion Date of Pr	oject:End of Year
Date of Sale(s)From:11/22/2023 To:End of	of Year
Sale Area/Location:D229 and independent sales for students Sale will be monitored by:Mrs. Matos	
******ATTACH PUBLICATION FROM VENDOR OF ITEN	
Vendor Representative's Name:Krispy Kreme	
Vendor Business Name:	
Vendor Address:	
City: State & Zip code:	
Unit Cost of Product/Service: \$7.00	
Proposal Sale Price: \$14.00	
	ifter receiving money from buyers
Minimum Total Profit Expected: \$2,000	
Faculty Advisor Signature	
Signature: Sara Matos	Date: 10/24/2023
Principal/Vice Principal Signature	7 /
Signature:	Date: ( 247)
School Treasurer Signature	. [
Signature:	Date:
Placed on BOE Meeting Agenda For:	
Month: Year: Approved: YES NO	Ву:



Faculty Member (s):	DA UHARKO			Date: 10125 123
NO	1 1			Date. 10/25 10/3
Club Name:	M			
Acct. No.: 2012		Acct. Balance	to Date:	
				**************
Type of Fund Raiser:	Step cha	ulenge.	-	
Purpose of Fund Raiser:	ALSE MOVE	4 POR	PROM	1
		*		
Start Date of Project:	NOV 2023 0	Completion Date of	of Project:	JUNE 200 4
Date of Sale(s): From	BOF APPROVA		O: END	
Sale Area/Location:	11	7-5		, , , , , , , , , , , , , , , , , , ,
Sale will be monitored by:	Mi	rerko		
*******ATTACH PUE	BLICATION FROM VE			
Vendor Representative's Name:				
Vendor Business Name:				
Vendor Address:				
	State & Zip o	code:		
Half Oard of Bradwall Considers				
Unit Cost of Product/Service: Proposal Sale Price:	<b>\$_</b>			
Total Cost of all Products Not to	Frceed. \$			
Minimum Total Profit Expected:				-
	<del>-</del>	8		
Signature:	Faculty Adviso	r Signature	Date:	10126123
olgitataro.	6/			10 3,0 3-7
Cianaturo	Vice Principal	Signature	Date:	
Signature:			Date;_	
Signature: (1 ( ) ( )	School Treasur	e Signature	Date:	1012003
oignature.	Jania 10			- Pope
	Placed on BOE Mee	NAME AND ADDRESS OF THE OWNER, AND ADDRESS OF THE OWNER, WHEN PERSONS ADDRESS OF THE O	r:	
Month: Year:	Approved:	YES NO	Ву:	



<b>建筑区域区域</b>		Applicar	it Inform	ation		
Faculty Member	(s):	DA MARK	0			Date: 10 05 10 3
Club Name:	P(	ROM			× ,	· · · · · · · · · · · · · · · · · · ·
Acct. No.:	012			Acct. Balan	ce to Date:	
Type of Fund Ra		FOOD EA				·
Purpose of Fund	I Raiser:	AISE MO	NEC	7 FOR	PPRO	M
Start Date of Pro Date of Sale(s): F Sale Area/Locati	rom	NOV 2023 BOF Approval				JUNE 202.
Sale will be moni	itored by:	- AI	yeur	Co		
********	TTACH DII	BLICATION FROM	VEND			
<i>م</i> Vendor Represer	ntative's Name	:	IVEND	JK OF II	EM2 10 BE	: 20LD
Vendor Address:						
City:		State &	Zip code:			
Unit Cost of Proc						
Proposal Sale Pr						
Total Cost of all I		o Exceed:	\$			
Minimum Total P	rofit Expected	:	\$			
	Sales Section 1	Faculty Ad	visor Si	unaturo		
Signature:		Taculty Au	VISOI OIL	gnature	Date:	10/26/23
	annum (	Vias Dries	inal Cia			- / - /
Signature:		Vice Princ	ipai Sigi	nature	Date:	
		Calcal Tor	- C-			
Signature:	LYVa	School Treat	7	gnature	Date:	1025123
		Placed on BOE I	Mosting	Agenda £		, , , , , , , , , , , , , , , , , , ,
MANUFACTURE STATE			YES	NO		
Month:	Year:	Approve	ed: 🗌		Ву:	



20年2年5月20日 - 出版中华美国		pileant inform	ation	<b>对是《逻辑</b>	
Faculty Member (s):	JADA-	MAKES			Date: 10/26/23
Club Name:	PRO	M			
Acct. No.: 20 \	<u>s</u>		Acct. Balance to	Date:	
Type of Fund Raiser:	Can	Vas Yay	fl.		
Purpose of Fund Raiser:				PRO	<u> </u>
			1		
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	NOU DO BOE APP	Comp COVAL UH	15 215	ENDOF	INE 2024 SCHOOLYEAR
**********ATTACH P Vendor Representative's Nam	UBLICATION I	ROM VEND	OR OF ITEMS	TO BE SO	)LD*******
Vendor Business Name:					
Vendor Address:					
City:	s	tate & Zip code			
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expecte	to Exceed:	\$ \$ \$			
Signature:	9	ty Advisor Si		Date: <i>[C</i>	0/26/23
Signature:	Vice	Principal Sig	nature	Date:	第四次是
Signature: <u>CPOWe</u> C	School School	ol Treasure Si	gnature	_ Date:_ [ (	106/23
Month: Year:		BOE Meeting YES pproved: □	NO	Зу:	**************************************



Faculty Member (s):	Applicant Information  JA-OA- LYA-RYA	Date: \0/26/23
Club Name:	PROM	
Acct. No.: 2010	340	
Type of Fund Raiser:	COLDSTONE CREAM	ERY
Purpose of Fund Raiser:	RAISE MONEY FO	e prom :
· ·		
Start Date of Project: Date of Sale(s): From Sale Area/Location: Sale will be monitored by:	Completion Date of DDE APPROVAL To:	Project: JUNE 2014 END of SCHOOL 454
Vendor Representative's Name	IBLICATION FROM VENDOR OF ITEM	
Vendor Address:		
City:	State & Zip code:	
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expected	\$to Exceed:	
Signature:	Faculty Advisor Signature	Date: \0   \0   \0.3
Signature:	Vice Principal Signature	Date:
Signature: (L(Chta)	School Treasure Signature	Date: 10/20/3
Month: Year:	Placed on BOE Meeting Agenda for:  YES NO Approved:	Ву:



Applican	t Information
Faculty Member (s): Meyn Kapla, Shannon ma	Mahon, Michele Mender Date: 10/27/23
Club Name: Clussof 2024 + 4800 bool	
Acct. No.: 2227	Acct. Balance to Date:
	**************
Type of Fund Raiser: Jenior Superioti	Je Award Dight
Purpose of Fund Raiser: 10 have and	ght honoring the senior superlative
nominee Toraise money P	or the senior class of the
Veg book	
Start Date of Project: Feb. 2024	Completion Date of Project: Feb2024
Date of Sale(s): From	To: Feb 2024
Sale Area/Location:	
Sale will be monitored by:  Advisor	
*********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 Ad	visor Signature
Signature:	Date: 10 h 7 h 3
Vice Princ	inal Signatura
Signature:	Date:
School Trea	
Signature:	Date:
	Weeting Agenda for: YES NO
Month: Year: Approve	d:    By:



现在2015年1月1日 中国主义	A	pplicant in	iforma	101	Service Colors		
Faculty Member (s): Meac	n Kaplan, sh	(Cinnon)	mch	Caho	14 michele	Date: 10	h7h
Club Name: Senior	ClassC	16051.	05	.202	mend-o		
Acct. No.: 2227			Ac	ct. Bal	ance to Date:		
**************************************	- 1-1-1				**********		
Type of Fund Raiser:	C.Urb			:	•••		
Purpose of Fund Raiser:	To raise	, ma	ley f	0	senior	activit	i'e.
				×			
Start Date of Project: Date of Sale(s): From Sale Area/Location:	April 1	2024			ate of Project: /	)	
Sale will be monitored by:	Secial	Coding	SOF	m)			
Sale will be monitored by.	JE11101	acivis	SOF				
********ATTACH	PUBLICATION	FROM V	ENDO	ROF	ITEMS TO BE	SOLD****	*****
Vendor Representative's Na							
Vendor Business Name:						=	
Vendor Address:							
		State & Zip	code:				
Unit Cost of Product/Service		6					
Proposal Sale Price:	J.	\$					
Total Cost of all Products N	ot to Exceed:	\$					
Minimum Total Profit Expec	ted:	\$					
APA 1950年1950年1950年1950年1950年1950年1950年1950年		ulty Advis	or Sin	natura	territor by the state of the		E-1271 (A) 51
Signature:	126	uny savio	or eigr	Hallane	Date:	10h-71	7 3
	Vic	on Driveins	1 Sign	atrica	The second residence		
Signature:	. N	se rimeipe	ar <b>O</b> rigin	and e	Date:		h selvinger je
	Sch	onl Trosev	ira Sia	nábie			n graffing der 11 s
Signature:	-0611	OUT THE SELECTION	ue-où	nature.	Date:		
of the same of the same	Diagod e	n BOE Me	offine I	Vacan		grade	in The State of th
na vi pija dali kapanit 1648 da Jalik			YES	NO		Gray Stanto	
Month: Year:	-	Approved:			Ву:		



ANTO ENGLISHED AND AND AND AND AND AND AND AND AND AN	Applicant Information
Faculty Member (s): IY legan 10	aplan, Shannon memahan michelemendroDate: 10/27
Club Name: Senior C	lass-Class of 2024
Acct. No.: 2227	Acct. Balance to Date:
********	**************************************
Type of Fund Raiser: Winter	MONDER COLD
Purpose of Fund Raiser: 10 h ging & bread housema For the senior class	ave canight of winter activities such as a king, compole to other activities to raise mong
Start Date of Project:  Date of Sale(s): From  Sale Area/Location:	Completion Date of Project: December 7
Sale will be monitored by:	Thesenior Advisors
	ICATION FROM VENDOR OF ITEMS TO BE SOLD*********
Vendor Business Name:	
Vendor Address:	
City:	State & Zip code:
Unit Cost of Product/Service:	\$
Proposal Sale Price:	\$
Total Cost of all Products Not to E	xceed: \$
Minimum Total Profit Expected:	\$
Signature:	Faculty Advisor Signature Date: 1017124
Signature:	Vice Principal Signature  Date:
Signature:	School Treasure Signature  Date:
Month: Year:	Placed on BOE Meeting Agenda for:  YES NO Approved: □ □ By:



2015年2月1日到1年1月2日日			Poblicant in	100-	1	
Faculty Member	(s): Mega	1copla, St	Kannon M	icii ja	hon, mic	chele monto Date: 1027 23
Club Name:	lass of	2024.			·. · · ·	
Acct. No.:	227			Ac	ct. Balance	e to Date:
		*****				
Type of Fund Ra	iser: Dim	eto D	phate			*
D 65 1		201005	1 .0 00	150	1-001	- 1 h. Dich 21 11.
Purpose of Fund	Raiser: _ V	11 100 C	lines	100	Dr Kut	e throughout the
geu	101.015	e mo	Mey to	X 26	2 nior	CCHIVITIE
$\mathcal{L}$						
						·
Start Date of Pro	iect:	11/20		Comple	otion Data	of Project: TBD
Date of Sale(s): F	T-1	11/20		Compi		
Sale Area/Location		11110			1	To: TBD
		TI		1 -		1000
Sale will be mon	itored by:	These	nor (	1051	CCV	NSO()
********		INI ICATION				
			N FROM VI	באטט	ROFILE	EMS TO BE SOLD********
Vendor Represer	ntative's Nam	e:				
Vendor Business	. Namo:					
vendor business						
Vendor Address:						
City:			State & Zip	code:	×	
3			-			
Unit Cost of Prod	duct/Service:		\$			
Proposal Sale Pr	ice:		\$			
Total Cost of all I	Products Not	to Exceed:	\$			
Minimum Total P	rofit Expecte	d:	\$			
<b>设在设计工作型为</b> 4元的企		The Second Addition				the series with the series of
Signature:		di di	culty Advis	or Sig	nature	Deter Indo 2 h 2
oignature, of	TIK					Date: 10/27/23
		Vi	ce Principa	ıl Sign	ature	[17] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
Signature:						Date:
	Separate State	Sel	nool Treasu	ra Sin	matura	on Billion of This was been seen some
Signature:	2 14 1 1 1 E		IGO I I GROL	HO-DIC	marche :	Date:
			15			
		Placed o	on <b>BOE</b> Me			or:
Month:	Year:		Approved:	YES	NO	Ву:
					_	



数字20元章(2015年) 第二十二章		Applicant Ir					
Faculty Member (s):	plan, mcm	ahon, m	rence	100.		Date:(	12h
Club Name: Senio	Clysic	2 lass of	20	24	• •		• • • •
Acct. No.: 2227			Ac	ct. Balance	to Date:_		
*****			и-римини		*******		
Type of Fund Raiser:	ashion	Sha					
Purpose of Fund Raiser:	Toraise	e mon	rey 1	ror sev	nice (	adnit	15
E ×				2			
Start Date of Project: Date of Sale(s): From Sale Area/Location:	11711	ditorium	2	To	0:		
Sale will be monitored by:	Vihe	2 Senio	V AC	YVISOP			
**********ATTACH	PUBLICATION	V FROM V	ENDO	P OF ITE	MS TO E	SE SOI D***	* * * * * * * * * * * * * * * * * * *
Vendor Representative's N						JL JOLD	
Vendor Business Name: _							
Vendor Address:							
City:		State & Zip	code:				
Unit Cost of Product/Service	001	6					
Proposal Sale Price:	Je.	ф ¢					
Total Cost of all Products I	Not to Exceed:	\$	<u>'</u>				
Minimum Total Profit Expe		\$	` S				
Signature:	Fac	culty Advis	or Sigi	nature		te: 10/27/	2.)
Signature:	Vi	ce Principa	al Sign	ature	Da	te:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Signature:	Sch	nool Treasu	ire Sig	nature	字。 Dat		
	Placed o	on BOE Me	eting A	genda fo	ri e		() 下海(c)
Month: Yea		Approved:	YES	NO	Ву:		



	Appl	icant Inforr	nation	A CONTRACT OF THE PARTY OF THE	
Faculty Member (s): YCQ	ica, mende		mahon		Date: 10/27/6
Club Name: Classo	£ 2024-	Senic	or Cle	(5)	
Acct. No.: 2227		·	Acct. Balance	e to Date:	
Two of Fund Delega					
Type of Fund Raiser:	Try War				.*\
Purpose of Fund Raiser:	Oraise	mone	ey for	senior	activities
Start Date of Project:	tr. Feb 20	24 Com	pletion Date	of Project:	eb2024
Date of Sale(s): From	Feb 202	7		o: Feb	
Sale Area/Location:	MIS				
Sale will be monitored by:	Adviso				
********ATTACH P	URI ICATION FE	OM VEND	OP OF ITE	MS TO RE	SOI D*******
Vendor Representative's Nam					SOLD
Vendor Business Name:					
Vendor Address:					
City:	Sta	te & Zip code	e:		
Unit Cost of Product/Service:		\$			
Proposal Sale Price:		\$			
Total Cost of all Products Not	t to Exceed:	\$			
Minimum Total Profit Expecte	ed:	\$			
自然是是"多"。	Faculty	Advisor S	ignature		
Signature:				Date:_	10h7h3
	Vice F	Principal Sig	inature		
Signature:				Date:	
<b>以表现不是多类的</b> 的。	School	Treasure S	ignature		
Signature:				Date:	
	Placed on B			r:	
Month: Year:_	Арр	roved: 🗆	NO	Ву:	



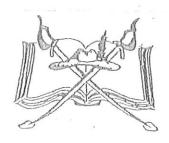
# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

CHEMICAL COMPANY CONTROL OF STREET	Applicant Information	THE STATE OF THE S
Faculty Member (s):	Wright	Date: 10 30 1
Club Name: GIV15 BOS	sketball	
Acct. No.: 3320	Acct. Balance	e to Date:
Type of Fund Raiser:	Kie/Candy So	1-
Purpose of Fund Raiser: 10 C	alse fund for dequipment se	Clinics or the glirls
	·	
Date of Sale(s): From Sale Area/Location:		of Project: 6 20 24
Sale will be monitored by:		
ALIGHER BEREEFER STANSFORMER BEREEFER		
	ATION FROM VENDOR OF ITE	
Vendor Representative's Name:	*	
Vendor Business Name:	v	
Vendor Address:	0(107)	·
City:	State & Zip code:	
Unit Cost of Product/Service:	\$	·
Proposal Sale Price:		
Total Cost of all Products Not to Exce		
Minimum Total Profit Expected:	6	
	Faculty Advisor Signature	
Signature: ('Quingst	r actity Advisor Cignature	Date: 10/30/53
	Vice Principal Signature	
Signature:	Vice Principal Signature	Date: 10 30 23
THE RESIDENCE OF THE PARTY OF T	School Treasure Signature	The State of the S
Signature:	the	Date: 10/30/23
PI	aced on BOE Meeting Agenda for	or:
Month: Year:	YES NO Approved:	Ву:

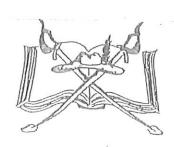


# Brunet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s):	SINCL Ca	hur one	ormation:	MUEN	Date	e: 10/1X/2 3
Club Name: 8th	Grade x	Activit.	7185			1111
Acct. No.: 2020	)		Acct, B	alance to Date	e:	,
Type of Fund Raiser:	Sell pres	13els =	candi	1 gras	275	
Purpose of Fund Raiser:	8th grade	acti	itie	throng	glow	
Start Date of Project:	10/0	1023	Completion	Date of Proje	ect: 06/	12034
Date of Sale(s): From		623		To:	06/20	24
Sale Area/Location:		0-11.	. 1	10 Dowes	11	
Sale will be monitored by	( , (	asacro	ne - /11	BOWER	7	
*********ATTAC	H PUBLICATIO	N FROM VE	ENDOR O	F ITEMS T	O BE SOL	D*******
Vendor Representative's	#4:	-				
Vendor Business Name:	Kastle F	undra	181/10	7 4	Don	ationes
Vendor Address:				8		
City:		State & Zip	code:			
Unit Cost of Product/Ser		¢				
Proposal Sale Price:	vice:	\$	7100	lac	-1	
Total Cost of all Product	s Not to Exceed:	\$	1			
Minimum Total Profit Ex	pected:	\$	400	00.00		
Signature:	The second Fa	culty Advis	or Signatu	ire .	Date:(८/	
Signature:		ice Principa	ll Signatur	(e	Date:/	
Signature:	si si	Inool Treasi	ire Signat	ure	Date:/	0/30/23
	Placed	on BOE Me	Challetter, Alleria, Mille	THE RESERVE AND ADDRESS OF THE PERSON.		
Month: Y	ear:	Approved:	YES NO		:	



# BURNET MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL



The state of the s
Faculty Member (s): 7. Single fury Date: 10/70/23
Club Name: Chorus
Acct. No.: 206 Acct. Balance to Date:
Type of Fund Raiser: Saranus Coyous Fund alse
Purpose of Fund Raiser: To raise noney for the rusic dept and eventually replace anditorium piano.
Start Date of Project:  Date of Sale(s): From  Sale Area/Location:  Sale will be monitored by:  Completion Date of Project:  To: 6/15/24  And to riw during concert
Vendor Business Name:  *************************  *********
Vendor Address: Po Box 2399  City: Baghanton State & Zip code: NY 13902
Unit Cost of Product/Service:  Proposal Sale Price:  Total Cost of all Products Not to Exceed:  Minimum Total Profit Expected:  \$ 12.50 per Coupon Boole \$ 25  Total Cost of all Products Not to Exceed: \$ 2,500
Signature: Date: / O / Z 0 / Z 3
Signature: Date: 0/22/23
Signature: Date: 10/3/10
YES NO
Month: Year: Approved: By: By:



Dear Parents Friends, Family, & Students,

We are excited to offer our families and friends the opportunity to purchase the 2023 Coupon Books. The book includes a free Savings App with thousands of additional local and national coupons! Everyone can save a lot of money and help us raise funds for our Music Department.

For every 5 books you sell, you get 1 book FREE!

#### EASY WAYS TO SELL AND PURCHASE BOOKS...FREE SHIPPING!

#### ORDER/SELL BOOKS ONLINE with a CREDIT/DEBIT card:

- Go to SAPayNow.com/263624
  - Select "Have my book" to pay with a credit/debit card for the book sent home
  - Select "add another book" to order additional books
    - → SaveAround will ship orders directly to you and your supporters if you select "Ship book(s) FREE SHIPPING"
    - → Seller will deliver your order to you at the end of our sale if you select "I have my book/Seller will deliver at end of sale"
- Post, email, and text our SAPayNow.com/263624 link to family, friends and coworkers so they can purchase books! They will enjoy saving money and supporting our group too!

#### ORDER/SELL BOOKS with CASH, BANK CHECK, OR MONEY ORDER:

- Please complete all customers' order information and your Seller's information on the order form (found inside back cover of book).
- Please no personal checks.
- Safely Return the completed order form with payment to your group leader.
- Pay for and keep the book sent home. Your additional orders paid for, will be sent home at the end of our sale.

#### If you did not sell or purchase books:

- 1. Please return the book sent home. We need the unsold books to fill orders.
- 2. Our group will be charged if the book is not returned.

If you have any questions, please contact Mr. Terron Singletary at tsingletary@twpunionschools.org

#### **JEFFERSON SCHOOL**

# STUDENT ACTIVITIES FUNDRAISER PROPOSAL

aculty Member (s): Fatima De(a) Per Date:
lub Name: PBS15
cct. No.: Acct. Balance to Date:
ype of Fund Raiser: PBSIS reulards
urpose of Fund Raiser: raise funds for PBSIS rewards
tart Date of Project:    1   13   13   Completion Date of Project:
***********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD************************************
/endor Business Name: / WWL
Vendor Address:
Init Cost of Product/Service:  Proposal Sale Price:  Fotal Cost of all Products Not to Exceed:  Minimum Total Profit Expected:  \$ 0.00  \$ 100.00
Faculty Advisor Signature  Signature: Date: 10/20/23
Signature: (Vice) Frincipal Signature Date: 10/27/2-3
School Treasure Signature  Date:
Placed on BOE Meeting Agenda for:  YES NO  Wonth: Year: Approved:

#### KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

	A	PPLICANT INF	ORMATION_						
Faculty Member Club Name: Kav	: Nicole Kelly vameeh Middle S	School Student C	Council	Date: 1	10/13/2023				
Account #:	19	Acct. Balance to Date: \$413.61							
**************************************									
Type of Fundrais goods, bagels, pr			3ake Sale (coul	d includ	de donated baked				
•	lraiser: Money ra Apparel, and the			ure Stu	dent Council Events,				
	Start Date of Project: December 2023 Completion Date of Project: June 2024  Date of Sales: Weekly from December 2023 To: June 2024								
Sale Area/Locati Sales will be mo	on: KMS Homer nitored by: Nicol	ooms, Main Lob e Kelly, Advisor	by, Cafeteria, I	Main Oi	ffice				
**************	************** *****ATTACH PUBLI	************** CATION FROM VEN	**************************************	****** O BE SO	******** LD****				
Vendor representa	tive's Name:								
Vendor Business 1	Name:								
Vendor Address:									
City:			State & Zip Co	de:					
Unit Cost of Prod	uct/Service:		\$n/a						
Proposal Sale Pric	e:		\$1.00 -\$2.00						
Total Cost of all P		ceed:	\$100						
Minimum Total P	rofit Expected:		\$25.00						
10	FAC	CULTY ADVISO	R SIGNATUR	E					
Signature:	will the	PRINCIPAL'S S	IGNATURE _	Date:	10/16/23				
Signature:	SCI	HOOL TREASU	RE SIGNATU	Date:	10/13/23				
Signature:	mers			Date:	10/16/23				
	PLACEI	ON BOE MEE	TING AGEND	A FOR					
Month:	Year:	Approved: YI	ES 🔲 NO 🔲		By:				

#### KAWAMEEH MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

	A	PPLICANT INF	ORMATION_	
Faculty Member: Nicole Kelly Club Name: Kawameeh Middle School Student Council				
Account #:	19	Acct. 1	Balance to Date	= \$413.61
**************************************				
Type of Fundraiser(s): (via student donations) - Turkey Trot/Cupid Shuffle/Color Run/RockPaperScissors Day - could involve sponsoring runners, jar donations, costumes with teacher/staff participation. These are all the same fundraiser (but seasonal with different titles). Students would buy feathers/hearts and the teacher/staff member with the most collected must complete a run/dance.				
Purpose of Fundraiser: Money raised will be used to support future Student Council Events, Student Council Apparel, and the 8th Grade Dance				
Start Date of Project: December 2023  Date of Sales: Weekly from December 2023		Completion Date of Project: June 2024 To: June 2024		
Sale Area/Location: KMS Homerooms, Main Lobby, Cafeteria, Main Office Sales will be monitored by: Nicole Kelly, Advisor				
**************************************				
Vendor representative's Name:				
Vendor Busin	ess Name: Dollar Tree			
Vendor Address: City: Union, NJ		State & Zip Code:		
Proposal Sale Total Cost of	Product/Service: Price: all Products Not to Extal Profit Expected:	ceed:	\$ \$1.00-\$2.00 \$100 \$25	
FACULTY ADVISOR SIGNATURE  Date: /6/10/23  PRINCIPAL'S SIGNATURE				
Signature Date: 10/13/23 SCHOOL TREASURE SIGNATURE				
Signature:	Afowers	100111111111111111111111111111111111111	id biolylli bi	Date: 10/16/23
PLACED ON BOE MEETING AGENDA FOR				
Month:	Year:	Approved: YF	ES 🔲 NO 🔲	By:

		APPLICANT IN	FORMATION_		
Faculty Men Club Name:	ı <b>ber:</b> Nicole Kelly Kawameeh Middle	School Student	Council	Date:	10/13/2023
Account #:	19	Acct	Balance to Date	: \$4	13.61
**************************************					
Purpose of Fundraiser: Money raised will be used to support future Student Council Events, Student Council Apparel, and the 8th Grade Dance					
	Project: December : Weekly from Dec		Completion Da To: June 2024		coject: June 2024
Sale Area/Lo Sales will be	cation: KMS Home monitored by: Nice	erooms, Main Lo ole Kelly, Adviso	bby, Cafeteria, N r	Main O	ffice
******	**************************************	**************************************		·***** O BE SO	********* LD****
Vendor repres	entative's Name:				
Vendor Busin	ess Name: Dollar Tre	e			
Vendor Addre City: Union			State &	Zip Co	de:
Proposal Sale Total Cost of	Product/Service: Price: all Products Not to E al Profit Expected:	xceed:	\$ \$0 \$25 (jars) \$25		
Signature: /	Juli	CULTY ADVISO PRINCIPAL'S		Date:	(0/10/2)
Signature:	1 SC	CHOOL TREASI	JRE SIGNATUR	Date:	10/13/23
Signature:	Apowers			Date:	10/16/23
Month:	PLACE	D ON BOE ME Approved: Y	ETING AGEND ES 🗖 NO 🗖	A FOR	By:
IVIOTITIT:	Year:	Approved: Y	COLLINOLL		DV:

		APPLIC	CANT INFO	ORMATION_		
Faculty Mem Club Name:	<b>ıber:</b> Nicole I Kawameeh N	Kelly Middle School	l Student C	Council	Date: 1	0/13/2023
Account #:	19		Acct. I	Balance to Dat	te: \$ l	413.61
*****	·*****	*****	****	*****	****	******
• •				ajama Days/S parel to schoo	•	ek Special Days. ain days.
Purpose of Fundraiser: Money raised will be used to support future Student Council Events, Student Council Apparel, and the 8th Grade Dance						
Start Date of Project: December 2023 Completion Date of Project: June 2024  Date of Sales: Weekly from December 2023 To: June 2024				Project: June 2024		
Sale Area/Lo Sales will be	Sale Area/Location: KMS Homerooms, Main Lobby, Cafeteria, Main Office Sales will be monitored by: Nicole Kelly, Advisor					
*****			******** N FROM VEN	********* DOR OF ITEMS '	•***** ГО ВЕ SOI	_D**** ******
Vendor repres	entative's Nar	ne:				
Vendor Busin	ess Name:					
Vendor Addre	ess:					
City:				State & Zip Co	ode:	
Unit Cost of I Proposal Sale Total Cost of Minimum Tot	Price: all Products N	ot to Exceed:		\$ \$1.00-\$2.00 \$0 \$25		
Signature:	P/Jev	le fel	Li	R SIGNATUF	Date:	10/16/00
Signature:	Mon	Ne 3	Den	N	Date:	10/13/23
G: .		SCHOOL	TREASU	RESIGNATU	and the second second	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature:	Offor	ers			Date:	10/10/23
Month	Van		BOE MEE	TING AGENI	DA FOR	Rv
DAODTH.	VAQ:	r, An	DICOURT! VH	~ H H 1/16 F H H		EM.

	AF	PLICANT INF	ORMATION		
Faculty Memb Club Name: K	er: Nicole Kelly awameeh Middle S	chool Student C	Council	Date:	10/13/2023
Account #:	19	Acct. I	Balance to Date:	\$	413.61
*****	·*******	*****	*****	****	******
Type of Fundra be collected.	aiser(s): (via studen	t donations) - P	Pasta Night/Karao	oke N	light. Entry fees will
	ndraiser: Money rain il Apparel, and the			re Stu	dent Council Events,
	<b>roject:</b> December 2 Weekly from Decen		Completion Da To: June 2024	ite of	Project: June 2024
Sale Area/Location: KMS Homerooms, Main Lobby, Cafeteria, Main Office Sales will be monitored by: Nicole Kelly, Advisor					
*****	**************************************		**************************************	**** BE SO	******* LD****
Vendor represer	tative's Name:				
Vendor Business	Name: ShopRite Un	ion			
Vendor Address	:				
City:	Union, NJ		State & Z	Zip Co	ode:
		eed:	\$100 (to supplem \$2.00-\$5.00 \$100 \$25	nent d	onations)
Signature: Signature:	home o	PRINCIPAL'S SI	IGNATURE	Date:	10/14/23
Signature:	APOWERS			Date:	10/16/23
	PLACED		TING AGENDA	FOR	
Month:	Year:	Approved: YE	2   NO		By:

	APP	LICANT INF	ORMATION_		
Faculty Member: N Club Name: Kawar	licole Kelly neeh Middle Sch	nool Student C	Council	Date:	10/13/2023
Account #: 19		Acct. I	Balance to Date	e: 5l	113.61.
*********	************			4	
Type of Fundraiser wash cars for cash		donations) - C	Car Wash. Stud	ent Coı	ancil members will
Purpose of Fundral Student Council A				ure Stu	dent Council Events,
Start Date of Project Date of Sales: Week			Completion I To: June 2024		Project: June 2024
Sale Area/Location Sales will be monit	: KMS Homeroo ored by: Nicole l	ms, Main Lob Kelly, Advisor	by, Cafeteria, N	Main O	ffice
**************************************	**************************************			****** O BE SO	****** LD****
Vendor representativ	e's Name:				
Vendor Business Nar	ne: Walmart				
Vendor Address: Uni City:	on. NJ		State & Zip Co	de:	
Unit Cost of Product	/Service:		\$100		
Proposal Sale Price:	,		\$5.00-\$10.00 pe	er car	
Total Cost of all Prod	lucts Not to Excee	ed:	\$100		
Minimum Total Prof	it Expected:		\$25		
la	FACU	LTY ADVISO	R SIGNATUR	E	
Signature:	e will / PI	CCCY NINGIPAL'S SI	GNATURE	Date:	10/16/23
Signature:	Jonne	Jou	RE SIGNATUI	Date:	10/13/23
Signature:	wers			Date:	10/16/23
			TING AGEND	A FOR	
Month:	Year:	Approved: YE	S 🔲 NO 🔲		By:

	API	PLICANT INF	ORMATION_	
Faculty Member: Club Name: Kaw	: Nicole Kelly vameeh Middle Sch	hool Student (	Council	Date: 10/13/2023
Account #:	19	Acct.	Balance to Dat	te: \$413.61.
*****	******	*****	*****	*********
7.7	ser(s): (via student ees will pay cash fo		3	Dance-A-Thon.
	raiser: Money raise Apparel, and the 8			nture Student Council Events
	<b>ject:</b> December 20 eekly from Decem		Completion 7 To: June 2024	Date of Project: June 2024 4
Sale Area/Location: KMS Homerooms, Main Lobby, Cafeteria, Main Office, Auditorium, Gym Sales will be monitored by: Nicole Kelly, Advisor				
	************** ****ATTACH PUBLIC			************ TO BE SOLD****
Vendor representa	tive's Name:			
Vendor Business N	Jame:			
Vendor Address:				
City:			State & Zip Co	ode:
Unit Cost of Produ	ıct/Service:		\$	
Proposal Sale Price			\$1.00-\$2.00	
Total Cost of all Pr Minimum Total Pr	roducts Not to Exce	ed:	\$100 \$25	
willimmum Total I	ont Expected.			
<i>M</i>	FACU	ILTY ADVISO	R SIGNATUR	- 1/1/5
Signature:	coll	RINCIPAL'S S	IGNATURE	Date: / (/ / (/ / 2 }
Signature:	mue of	OOL TREASU	1)	Date: /0/13/2-3 JRE
Signature:	Awers.			Date: 10/10/23
		ON BOE MEE	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED I	
Month:	Year:	Approved: YF	ES 🔲 NO 🔲	Ву:

		APPLICANT INF	ORMATION_	
Faculty Member: Club Name: Kawa	Nicole Kelly ameeh Middle	School Student (	Council	Date: 10/13/2023
Account #:	19	Acct.	Balance to Date:	: \$413.61.
*****	******	******	******	,
Type of Fundraise Students will pay	r(s): (via stude cash for seaso	ent donations) - I nal pictures or pa	Photo Backdrop y an entry fee fo	Pics/Photo Scavenger Hunt.
Purpose of Fundra Student Council A	aiser: Money r Apparel, and th	aised will be used ne 8th Grade Dan	l to support futu ice	re Student Council Events,
Start Date of Proje Date of Sales: Wee			Completion Da To: June 2024	ate of Project: June 2024
Sale Area/Location: KMS Homerooms, Main Lobby, Cafeteria, Main Office, Auditorium, Gym Sales will be monitored by: Nicole Kelly, Advisor				
		************** ICATION FROM VEN		*********** BE SOLD****
Vendor representati	ve's Name:			
Vendor Business Na	me:			
Vendor Address: City:			State & Zip Code	۵.
**************************************		**	State & 21p Cou	с.
Unit Cost of Produc	ct/Service:		\$	
Proposal Sale Price:	1		\$2.00-\$5.00	
Total Cost of all Pro Minimum Total Pro		cceed:	\$100 \$25	
10	FA	CULTY ADVISO	R SIGNATURE	
Signature:	we f	PRINCIPAL'S SI	I	Date: (0) (0 / )
Signature:	rane	HOOL TREASU		Date: 10/13/23
Signature:	Powers			Date: 10/16/23
	PLACEI	O ON BOE MEE	TING AGENDA	FOR
Month:	Year:	Approved: YE	S 🔲 NO 🔲	Ву:

	No.	_APPLICANT IN	FORMATION		
Faculty Memb Club Name: K	er: Nicole Kelly awameeh Mido	y lle School Student		Date: 1	0/13/2023
Account #:	19	Acct. Balance to Date: \$413.61.			
********* Type of Fundr	*********** aiser(s): (via st	*************** udent donations) -	********** Sponsorships/	******** Donation	************** is (Hearts for)
Purpose of Fur Student Counc	ndraiser: Mone cil Apparel, and	y raised will be use l the 8th Grade Da	ed to support fi ance	uture Stud	dent Council Events,
	<b>'roject:</b> Noveml Weekly from N		Completion To: June 202		Project: June 2024
Sale Area/Loca Sales will be m	ition: KMS Hoi onitored by: N	merooms, Main Lo icole Kelly, Adviso	obby, Cafeteria, or	Main Of	fice
******		**************************************	+********* ENDOR OF ITEMS	******* TO BE SOL	**************************************
Vendor represer	tative's Name:				
Vendor Busines	s Name:				
Vendor Address City:	:		State & Zip C	Code:	
Unit Cost of Pro			\$		
Proposal Sale Pr	ice: Products Not to	Evend	\$ <b>4</b>		
	Profit Expected		\$		
0		FACULTY ADVIS	OR SIGNATU	RE	
Signature:	Lealer	PRINCIPAL'S	SIGNATURE _	Date:	(0//6/23
Signature:	work	SCHOOL TREASI	JRESIGNATU	Date: /	10/13/23
Signature:	Mower	8		Date:	0/16/23
		ED ON BOE ME	The second secon		
Month:	Year:	Approved: Y	ES 🗌 NO 🔲		By:

	APP	LICANT INFO	RMATION_		
Faculty Membe Club Name: Ka	er: Nicole Kelly Iwameeh Middle Sch	nool Student Co	ouncil	Date: 1	10/13/2023
Account #:	19	Acct. Ba	alance to Dat	e: \$1	113.61
******	******	******	****	*****	**********
325 St. 100 St. 100 St.	iser(s): (via student eivity (named differer			lay, Car	ndy, Birthday). Similar
	draiser: Money raise il Apparel, and the 8			cure Stu	dent Council Events,
	<b>roject:</b> December 202 Veekly from Decemb		Completion I To: June 2024		Project: June 2024
Sale Area/Loca Sales will be m	tion: KMS Homeroo onitored by: Nicole F	ms, Main Lobb Kelly, Advisor	y, Cafeteria, l	Main Of	ffice
******	*************** *****ATTACH PUBLICA			****** O BE SOI	LD****
Vendor represen	tative's Name:				
Vendor Business	Name: Dollar Tree/An	nazon/Christmas	Tree Shop		
Vendor Address: City: Union, NJ			State &	z Zip Co	de
Orty, Oldon, 11)			bute o	L ZIP CO	uc.
Unit Cost of Pro			\$		
Proposal Sale Pr			\$1.00-\$2.00		
Minimum Total	Products Not to Excee Profit Expected:		\$100 \$25		
1	o FÁCU	LŢY ADVISOR	SIGNATUR	E	
Signature://	Mule Ke	LINCIPAL'S SIG		Date:	10/16/23
Signature:	Moure -	OL TREASUR		Date:	10/13/23
Signature:	Howers.		_ 3.02.12.1	Date:	10/10/23
		N BOE MEET		A FOR	
Month:	Year:	Approved: YES			By:

	AF	PLICANT INF	ORMATION_		
Faculty Memb Club Name: K	<b>er:</b> Nicole Kelly awameeh Middle S	chool Student C	Council	Date:	10/13/2023
Account #:	19	Acct. I	Balance to Date	e: \$	3413.61
	*************** aiser(s): Movie Nigl e auditorium.				**************************************
	ndraiser: Money raise cil Apparel, and the			ure Stı	udent Council Events,
	roject: December 2 Weekly from Decen		Completion I To: June 2024		Project: June 2024
Sale Area/Loca Sales will be m	tion: KMS Homero onitored by: Nicole	oms, Main Lob Kelly, Advisor	by, Cafeteria, N	Main C	Office
*****	**************************************				******* DLD****
Vendor represen	tative's Name:				
Vendor Business	Name: Dollar Tree/	Amazon/Christma	s Tree Shop		
Vendor Address City: Union, NJ			State &	: Zip Co	ode:
		eed:	\$ \$1.00-\$2.00 \$100 \$25		
Signature: Signature:	wrule	ULTY ADVISOR PRINCIPAL'S SI GOL TREASUR	20	Date:	10/16/23
Month:	PLACED Year:	ON BOE MEET Approved: YE		A FOR	By:
TATOLITI.	icai.	ribbrosed: IF			Dy.

		APPLICANT IN	FORMATION	
Faculty Membe Club Name: Ka		School Student		e: 10/13/2023
Account #:	19	Acct.	Balance to Date:	5413 (61.
		*****		*******
Purpose of Fun Student Counc	draiser: Money 1 il Apparel, and t	aised will be used he 8th Grade Dai	d to support future S nce	tudent Council Events,
	<b>oject:</b> December Veekly from Dec		Completion Date of To: June 2024	of Project: June 2024
Sale Area/Locat Sales will be mo	ion: KMS Home onitored by: Nico	erooms, Main Lob ole Kelly, Advisor	bby, Cafeteria, Main	Office
*****		**************************************	**************************************	**************************************
Vendor represent	ative's Name:			
Vendor Business	Name: Philly Pret	zel Factory, ShopR	ite	
Vendor Address: City:			State & Zip Code:	
Unit Cost of Proo Proposal Sale Pric Total Cost of all I Minimum Total I	ce: Products Not to Ex	ксееd:	\$100 \$1.00 -\$2.00 \$100 \$25.00	
Signature:	T Weles	L Dolly	R SIGNATURE Date IGNATURE	:/0//6/23
Signature: //	John SE	HOOL TREASÚ	Date RE SIGNATURE	: 10 B/23
Signature: (/	Aloweks		Date	10/16/23
	PLACE	D ON BOE MEE	TING AGENDA FO	R
Month:	Year:	Approved: YI	S NO	Ву:

		PPLICANT INFORMATION	
Faculty Memb Club Name: K	oer: Nicole Kelly Kawameeh Middle	School Student Council Date	e: 10/13/2023
Account #:	19	Acct. Balance to Date:	F413.61
******	******	***********	******
Type of Fundr	raiser(s): Faculty/S r teacher team rais	aff Rooftop Sleepover. Jars will be ples the most money will sleep on the	aced in the cafeteria KMS roof.
Purpose of Fu Student Coun	ndraiser: Money racil Apparel, and the	ised will be used to support future S e 8th Grade Dance	tudent Council Events,
	<b>Project:</b> December Once between De		f Project: June 2024
Sale Area/Loca Sales will be m	ation: KMS Home nonitored by: Nico	ooms, Main Lobby, Cafeteria, Main ( e Kelly, Advisor	Office
*****	*************** *****ATTACH PUBL	**************************************	********* OLD****
Vendor represer	ntative's Name:		
Vendor Business	s Name: DollarTree,	Costco, Shoprite	
Vendor Address	:	•	
City:		State & Zip Code:	
Unit Cost of Pro	oduct/Service:	\$100	
Proposal Sale Pr		\$1.00 -\$2.00	
	Products Not to Ex	eed: \$100	
Minimum Total	Profit Expected:	\$25.00	
1	FAC	ULTY ADVISOR SIGNATURE	
Signature://	well	Date: PRINCIPAL'S SIGNATURE	10/16/0-3
Signature:	me	Date:	10/16/12
	SCI	OOL TREASURE SIGNATURE	
Signature:	Howers.	Date:	10/16/23
	PLACED	ON BOE MEETING AGENDA FOR	}
Month:	Year:	Approved: YES 🔲 NO 🔲	By:

	PODO D'ACHILE Date: 1010123
Club Name: MUSIC Department	and O'Achille Date: 10/10/23
Acct. No.:	Acct. Balance to Date: \$ 781.00
Acct. No.:	Acct, balance to bate: 10 10
Type of Fund Ralser: Canal Social S	ales (Monthly)
Purpose of Fund Raiser: Mandy 1500 a 5 to raise funds for 0 in the parks	oney Park trip (music
Start Date of Project:  Date of Sale(s): From Sale Area/Location:  Sale will be monitored by:	B To: May 2024  To: May 2024  To: May 2024  To: Anna D'Achille
**************************************	ZENDOR OF ITEMS TO BE SOLD************************************
City: Union State & Zij	code: NJ 67083
Unit Cost of Product/Service; Proposal Sale Price; Total Cost of all Products Not to Exceed; Minimum Total Profit Expected;	Veinous 1-2:00 per item
Faculty Advis	or Signattice Date: /0/20/03
Rrincipa	Signature Date: /0/17/23
School Treast	re Signature.  Date:
Placed on EOE We	eling Agenda for:
Nonth: Year: Approved:	YES NO By:

Constant Constant Constant	Applicant information
Faculty Member (s):	SICO CIDO, ANDO D'ACNITE Date: 1010133
Club Name: MUSIC	Department
Acct. No.:	Acct, Balance to Date: \$751,00.
Type of Fund Ralser:	ike sales (monthly)
Purpose of Fund Ralser:	bake sale in KMS Front lobby to
Start Date of Project; Date of Sale(s): From Sale Area/Location;	NOVEMBER 2023 Completion Date of Project: MAY 2024  NOVEMBER 2023  To: MAY 2024
Sale will be monitored by:	Jessica cino Jahna D'Achille
	UBLICATION FROM VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Nai	
Vendor Business Name:	NIH
Vendor Address;	State & Zip code:
Unit Cost of Product/Service: Proposal Sale Price: Total Cost of all Products Not Minimum Total Profit Expecte	to Exceed: \$ 1-2 per 1+em
Signature;	Faculty Advisor Signature  Date: /U//C/2-3
Signature:	Principal Signature  Date: 10/17/22
SIgnature;	School Treasure Signature Date:   Date
	Riaced on EQE Weeling/Agendator
Month: Year:	Approved:  By:

	Applic	ant information		
Faculty Member (s):	201011			Date: 9/25/
Club Name:	NBL'			, /
Acct. No.: 33		Acct, B	alance to Date:	0.52
Type of Fund Raiser:			***********	****************
Purpose of Fund Raiser:	To offset	f Cost o	oftrips	•
				•
Start Date of Project:	10 23	Completion	Date of Project:	124
Date of Sale(s): From	- Welle	u	To:	1
Sale Area/Location: Sale will be monitored by:	Though the	por		
•	-1-78161			
	UBLICATION FROM		TEMS TO BE	SOLD*******
Vendor Representative's Nar	ne: DOVET		ally	
Vendor Business Name:				
Vendor Address:				
Ofty:		Zip code:	<del></del>	
		. 0.0	0	
Init Cost of Product/Service; Proposal Sale Price;		\$ 1001 1	200	
otal Cost of all Products Not	to Exceed:	\$ NIA		
Minimum Total Profit Expecte		\$ 4160	)	
Signature;	Faculty At	visor Signature	Date:	9121130
Ignature:	Princ	ipal Signature	Date:	7/29/13
Ignature;	School Trea	sure Signature	Date:	9/27/33
	Placed on BOE	Meeting/Adenia	a fora	
onth; Year:	Approve	YES NO	By:	