



Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Diana Schraer Date: 12/1/23

Club Name: Special Olympics Play Unified

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

Type of Fund Raiser: Coffee Corner

Purpose of Fund Raiser: To help special olympic sports as well as the multiply disabled CBI program.

Pea / Coffee to Teachers daily.

Start Date of Project: Sept Completion Date of Project: June

Date of Sale(s): From Dec To: June

Sale Area/Location: Room 151

Sale will be monitored by: Diana Schraer + Sharon Holmes

*****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: 12/1/23

Vice Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: [Signature] Date: 12/1/23

Placed on BOE Meeting Agenda for:

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