



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): GRANNOL/ESQUIVEL Date: 1/9/24  
 Club Name: MARCHING BAND  
 Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: CALENDAR FUNDRAISER / DONATION DRIVE  
 Purpose of Fund Raiser: RAISE FUNDS FOR COMPETITIVE SEASON

Start Date of Project: 3/15/24 Completion Date of Project: 8/31/24  
 Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: \_\_\_\_\_  
 Sale will be monitored by: GRANNOL/ESQUIVEL

\*\*\*\*\*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: \$ 0

Proposal Sale Price: \$ 0

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

Minimum Total Profit Expected: \$ 4,000.00

<b>Faculty Advisor Signature</b>	
Signature:	Date: <u>2/7/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature:	Date: <u>2/7/24</u>
<b>School Treasurer Signature</b>	
Signature:	Date: <u>2/7/24</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): Rich Grennor / Carlos Esquivel Date: 1/9/24  
 Club Name: MARCHING BAND  
 Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Pledge Drive / online  
 Purpose of Fund Raiser: RAISE FUNDS FOR COMPETATIVE SEASON

Start Date of Project: 2/15/24 Completion Date of Project: 8/15/24  
 Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: ONLINE  
 Sale will be monitored by: GRENOR/ESQUIVEL

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

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: 99 Pledges  
 Vendor Address: ONLINE  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ 0  
 Minimum Total Profit Expected: \$ 500.00

<b>Faculty Advisor Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/7/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/7/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>2/7/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____