

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Barris Grant Date: 5/27/25

Club Name: Football

Acct. No.: 3240 Acct. Balance to Date: _____

Type of Fundraiser: P popcorn sale - Double Good Fundraiser

Purpose of Fundraiser: To raise money for Senior Day, end of the year celebration, & appetizer.

What are you selling? _____

Start Date of Project: 6/17/25 Completion Date of Project: 6/30/25

Date of Sale(s): From 6/17/25 To: 6/30/25

Sale Area/Location: UHS

Sale will be monitored by: Barris Grant

*****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: 5/27/25

(Vice) Principal Signature

Signature: [Signature] Date: 5/27/25

School Treasure Signature

Signature: Anne Brant Date: 5/27/25

Placed on BOE Meeting Agenda for:

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

UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Barris Grant Date: 5/27/25

Club Name: Football

Acct. No.: 3240 Acct. Balance to Date: _____

Type of Fundraiser: Leading Edge Fundraiser

Purpose of Fundraiser: to raise money for Senior Day, end of the year celebration, apparel + necessary equipment.

What are you selling? _____

Start Date of Project: 7/1/25 Completion Date of Project: 6/2026

Date of Sale(s): From 7/1/25 To: 6/20/2026

Sale Area/Location: UHS

Sale will be monitored by: Barris Grant

***** 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: 5/27/25

(Vice) Principal Signature

Signature: [Signature] Date: 5/27/25

School Treasure Signature

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