

89 COMPLETE SECTION I ONLY

I. This will authorize the Treasurer of the UNION HIGH SCHOOL BOOSTER ASSOCIATION to
pay \$ 3,295.00 to the order of Fairview Lake YMCA Camp
and charge the account of Campers

Date 3-5-18

Purpose: Topay for Camping trip

Acc't. No. 2014

Camping trip
Club & Activity

Kately Brooks
Faculty Adviser - Signature

II. Account Balance _____
Date _____ Verified by _____

III. Approved [Signature]
Principal - Signature

IV. Date Paid _____
Processed by _____
Date 3/9/18
Check No. _____
Account No. _____

SUPERINTENDENT'S APPROVAL _____

TOWNSHIP OF UNION BOARD OF EDUCATION
UNION, NEW JERSEY

FILE CODE 3453

EXHIBIT B-1

Student Organization Fund Approval for Expenditure in Excess of \$1,000.00

SCHOOL: UHS

Date: 3-9-18

DEPARTMENT: SpEd Account: 2014

VENDOR: Fairview Lakes YMCA Amount: _____
EW Camp

PURPOSE OF EXPENDITURE [attach appropriate invoice(s): To pay for
student cost to Camp App 13-20 people

FAIRVIEW LAKE YMCA CAMP & CONFERENCE CENTER

1035 FAIRVIEW LAKE ROAD

NEWTON, NJ 07860 (973) 383-9282

GROUP APPLICATION AND RENTAL AGREEMENT

"The Group" **Union High School** Primary Phone # **908-851-6501** Ext.

Address of Group **2350 No. Third St.; Union, NJ 07083**

Secondary Phone # **908-577-1838**

Cell # **908-577-1835**

Email Address **kbrooks@twpunionschools.org**

Fax # **908-687-5204**

Group Coordinator **Kathy Brooks**

Address of Group Coordinator (if different from above): _____

Unit(s) Rented **Wickapeck**

For purpose of **EE**

Arrival Date **05/01/2018** Time ^{AM} 10:30 _{APP} Departure Date **05/04/2018** Time 5:00 ^{PM} _{APP}

First Meal Required **Tuesday Lunch**

Last Meal Required **Friday Lunch**

Guaranteed Minimum Number of Students in Group **15** Number of Adults **2**

Cost of Services as stated on attached sheet, see Exhibit A.