



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly Date: 7/30/25

Club Name: UHS Softball Program

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

Type of Fund Raiser: BSN Clothing Fundraiser

Purpose of Fund Raiser: Raise money for end of the year events

Start Date of Project: 1/1/26 Completion Date of Project: 6/15/26

Date of Sale(s).....From: _____ To: _____

Sale Area/Location: Online BSN

Sale will be monitored by: S. Daly

*****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: <u>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>8/11/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>8/11/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly Date: 7/30/25

Club Name: UHS Softball Program

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

Type of Fund Raiser: Dress Down

Purpose of Fund Raiser: Raise money for end of the year events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26

Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UHS

Sale will be monitored by: S. Daly

***** 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: S. Daly

Date: 7/30/25

Vice Principal Signature

Signature: [Signature]

Date: 8/11/25

School Treasurer Signature

Signature: Anne Brann

Date: 8/11/25

Placed on BOE Meeting Agenda For

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

By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly Date: 7/30/25

Club Name: UHS Softball Program

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

Type of Fund Raiser: Launch Fundraising

Purpose of Fund Raiser: Raise money for end of the year event

Start Date of Project: 3/1/26 Completion Date of Project: 6/15/26

Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UHS (Online Portal)

Sale will be monitored by: S. Daly

***** 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: 7/30/25

Vice Principal Signature

Signature: [Signature]

Date: 8/11/25

School Treasurer Signature

Signature: [Signature]

Date: 8/11/25

Placed on BOE Meeting Agenda For

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

By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly Date: 7/30/25
Club Name: VHS Softball Program
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Chipotle Fundraiser
Purpose of Fund Raiser: Raise money for end of the year softball event

Start Date of Project: 3/1/26 Completion Date of Project: 6/15/26
Date of Sale(s).....From: _____ To: _____

Sale Area/Location: Chipotle US 22
Sale will be monitored by: S. Daly

*****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: <u>S. Daly</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>8/11/25</u>
School Treasurer Signature	
Signature: <u>Denne Brancu</u>	Date: <u>8/11/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly Date: 7/30/25
Club Name: UHS Softball Program
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Chocolate Sale
Purpose of Fund Raiser: Raise money for end of the year softball events

Start Date of Project: 3/1/26 Completion Date of Project: 6/15/26
Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UHS
Sale will be monitored by: S. Daly

***** 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: <u>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>8/11/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>8/11/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____