

#### Applicantinionnation

Faculty Member (s):	Date: 7/30/25
Club Name: VHS SVH WILL TOTAL ON	Acct. Balance to Date:
Type of Fund Raiser: BSN Clothing Purpose of Fund Raiser: Rusc money for	g Fundraiser lend of the year events
Start Date of Project: 1 1 2 6 Date of Sale(s)From:	Completion Date of Project: 6 15 26
Sale Area/Location: Online BSW Sale will be monitored by: S. Doly	
	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: \$	<u> </u>
Total Cost of all Products Not to Exceed: \$	
Minimum Total Profit Expected: \$	
Figury 40	visor Signature
Signature: MM Mal	Date: 7/30/2 <b>5</b>
Me Più	ioni Sionaldic
Signature: MM MM MAN	Date: 8 11 25
Schooling	esingeSignature
Signature:	Date: 8/11/25
SECTION EQE	Weather Action of the Control of the
Month: Year: Approved:	YES NO By:



#### Applicantalniormation

Faculty Member (s):	Date:	7/30/25
Club Name:UHS Syftball Program Acct. Balance to Da	ite:	
Type of Fund Raiser:	events	
Start Date of Project: 9 15 15 Completion Date of Date of Sale(s)From: To:	of Project:	6/15/26
Sale Area/Location: UHS Sale will be monitored by: S. Daly		
**********ATTACH PUBLICATION FROM VENDOR OF ITE	MS TO BE	E 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: Jun Any	Date:	7/30/25
Mestine selling to the selling to th		
Signature:	Date:	Blulzs
Selicol in a serie of the series of the seri		
Signature: MA DAME	Date:	3/11/25
Place to the supplied of the s		
Month: Year: Approved: YES NO	By:	



### Application in an automation

Faculty Member (s):	Date:	7/30/23
Club Name: UHS Soft fall Program Acct. Balance to Date	e:	
Type of Fund Raiser: Launch Fundraising Purpose of Fund Raiser: Kaise money for end of the year ev	ient	
Start Date of Project: 3/1/26 Completion Date of Date of Sale(s)From:To:	Project:	6/15/26
Sale Area/Location: UHS (Unline Portal) Sale will be monitored by: S. Daly	there have been progressed and progress there	
*********ATTACH PUBLICATION FROM VENDOR OF ITEN	IS TO BE	E 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: \$		
Figury Advisor Stoneture		
Signature: Jun Aud	Date:	7  30   25
Mec Pinepel Senature		
Signature:	Date: 5	3/11/25
Schoolingsongschring		
Signature: MAL DAGM	Date:	3/11/25
Placed on EQEMESTING Acender Roll		
Month: Year: Approved: YES NO	Ву:	



### Application

Faculty Member (s): S. Daly	Date:	7/30/75
Faculty Member (s):S. Daly Club Name:UHSSofthal ProgramAcct. Balance to Date	ə:	
Type of Fund Raiser: Chipotte Fundraiser  Purpose of Fund Raiser: Paise money for end of the year sof	thall-even	.fr
Start Date of Project: 3 1 26 Completion Date of Date of Sale(s)From:	Project:	6/15/26
Sale Area/Location: ChipoHe US 22 Sale will be monitored by: S. Daly	had goed had find that that that that the find	
*********ATTACH PUBLICATION FROM VENDOR OF ITEM	IS TO BE	E 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: Jun Aug	Date:	7/30/25
Mes Principal Stonardic		·
Signature:	Date:	8/11/25
School ice succession will be a second of the second of th		
Signature: V M MQ Blanco	Date: <	5/11/25
Professor EQEMEATING ACCENCE FOR		
Month: Year: Approved: YES NO	Ву:	



### Applicant almornation

Faculty Member (s): 5. baly	Date:7 30 25
Club Name: 11th Softhall Paragram	Acct. Balance to Date:
	end of the year softhall events
Start Date of Project: 3   26  Date of Sale(s)From:	Completion Date of Project: 6   15   26
Sale Area/Location: UHS Sale will be monitored by: S. Daly	
******ATTACH PUBLICATION FRO	OM 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: \$_	
Faguly	Wind Signature
Signature: Mun Mall	Date: 7/30/25
	ក្រៀបគ្រងប៉ែត្រ
Signature:	Date: 8 11/25
Schooli	resurer Signature
Signature:	Date: 8/11/25
Plecesionieco	EMeanulaentailon
Month: Year: Approved	YES NO By: