2025

UNION HIGH SCHOOL
STUDENT ACTIVITIES
FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Heather Dube Date: 9/9/26

Club Name: Varsity Gymnastics

Acct. No.: 3250 Acct. Balance to Date: _____

Type of Fundraiser: Apparel

Purpose of Fundraiser: Raise funds for training + EOY celebration + Mental Health donation

What are you selling? Apparel

Start Date of Project: 9/16 Completion Date of Project: 9/30

Date of Sale(s): From 9/16 To: 9/30

Sale Area/Location: n/a

Sale will be monitored by: H. Dube

**********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: Heather Dube Date: 9/9/26

(Vice) Principal Signature

Signature: _____ Date: 9/9/26

School Treasure Signature

Signature: Anne Brance Date: 9/9/26

Placed on BOE Meeting Agenda for:

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