

**STUDENT ACTIVITY PROPOSAL**

ORGANIZATION Columbus ACTIVITY Volleyball  
 PURPOSE Camp - youth skills camp  
 STARTING DATE May 27, 2025 ENDING DATE June 2, 2025

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

|                              |          |                     |                       |
|------------------------------|----------|---------------------|-----------------------|
| COMPANY & ADDRESS _____      |          |                     |                       |
| COMPANY REPRESENTATIVE _____ |          | PHONE NO. _____     |                       |
| ITEMS FOR RESALE             | QUANTITY | UNIT PURCHASE PRICE | PROPOSED RESALE PRICE |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |

Complete **SECTION TWO** for other activities:

|   |                    |
|---|--------------------|
| DESCRIPTION OF ANTICIPATED REVENUE<br>(please be specific and list details such as unit prices, estimated quantities, etc.) | PROJECTED RECEIPTS |
| <u>Registration fee / Students</u>  | \$ <u>1000.00</u>  |
| _____   | \$ _____           |
| _____   | \$ _____           |
| DESCRIPTION OF ANTICIPATED EXPENSES   | ESTIMATED COSTS    |
| <u>Shirts for participants</u>  | \$ <u>350.00</u>   |
| _____   | \$ _____           |

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

**CASH IN SCHOOL BUILDINGS-File: DM (Adoption date: July 23, 2001)**

All monies collected are receipted, accounted for and deposited every 24 hours if possible. In the event the Treasurer or person in charge of an activity is unable to deposit the money in 24 hours, the money are accounted for and deposited in the safe. The money is held no longer than three business days after receipt and the amount must be less than \$1,000.00. If the amount is more than \$1000, or the money cannot be adequately safeguarded, it must be deposited on the business day following the date of receipt.

ADVISOR Hope Boep DATE 4/25/25  
 PRINCIPAL APPROVAL W. R. L. DATE 4-25/25  
 SUPERINTENDENT APPROVAL Jerry Maden DATE 4/28/25  
 TREASURER'S OFFICE Corey Spence DATE 4/25/25  
 (form revised 04/25/2022)

**STUDENT ACTIVITY PROPOSAL**ORGANIZATION Columbian HSACTIVITY VolleyballPURPOSE Skill SessionsSTARTING DATE March 1ENDING DATE March 31, 2025

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY &amp; ADDRESS \_\_\_\_\_

COMPANY REPRESENTATIVE \_\_\_\_\_

PHONE NO. \_\_\_\_\_

ITEMS FOR RESALE

QUANTITY

UNIT PURCHASE PRICE

PROPOSED RESALE PRICE

\_\_\_\_\_

\_\_\_\_\_

@ \$ \_\_\_\_\_

@ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

@ \$ \_\_\_\_\_

@ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

@ \$ \_\_\_\_\_

@ \$ \_\_\_\_\_

Complete **SECTION TWO** for other activities:

DESCRIPTION OF ANTICIPATED REVENUE

(please be specific and list details such as unit prices, estimated quantities, etc.)

Entry Fee (\$35.00)

(See attachment)

\_\_\_\_\_

\_\_\_\_\_

PROJECTED RECEIPTS

\$ 400.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

DESCRIPTION OF ANTICIPATED EXPENSES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ESTIMATED COSTS

\$ 0

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

**CASH IN SCHOOL BUILDINGS-File: DM (Adoption date: July 23, 2001)**

All monies collected are receipted, accounted for and deposited every 24 hours if possible. In the event the Treasurer or person in charge of an activity is unable to deposit the money in 24 hours, the money are accounted for and deposited in the safe. The money is held no longer than three business days after receipt and the amount must be less than \$1,000.00. If the amount is more than \$1000, or the money cannot be adequately safeguarded, it must be deposited on the business day following the date of receipt.

ADVISOR Hope BoesDATE 2-27-25PRINCIPAL APPROVAL [Signature]DATE 3/3/25SUPERINTENDENT APPROVAL [Signature]DATE 3/4/25TREASURER'S OFFICE [Signature]DATE 3/5/25

(form revised 04/25/2022)

**STUDENT ACTIVITY RECONCILIATION**

ORGANIZATION

Col HS

ACTIVITY

Volleyball skill session*Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.*Complete **SECTION ONE** for resale activities:

|   |       |         |          |             |
|---|-------|---------|----------|-------------|
| Quantity purchased from vendor and unit cost  | _____ | @ _____ | \$ _____ | (PURCHASES) |
|   | _____ | @ _____ | \$ _____ |             |
|   | _____ | @ _____ | \$ _____ |             |
| Less quantity returned to vendor and unit cost  | _____ | @ _____ | \$ _____ | +RETURNS    |
|   | _____ | @ _____ | \$ _____ |             |
|   | _____ | @ _____ | \$ _____ |             |
| Less quantity sold during activity and sales price  | _____ | @ _____ | \$ _____ | +SALES      |
|   | _____ | @ _____ | \$ _____ |             |
|   | _____ | @ _____ | \$ _____ |             |
| Equals quantity unaccounted for and unit cost (attach explanation)  | _____ | @ _____ | \$ _____ |             |
|   | _____ | @ _____ | \$ _____ |             |
|   | _____ | @ _____ | \$ _____ |             |
| Other expenses  | _____ |         | \$ _____ | (EXPENSES)  |
|   | _____ |         | \$ _____ |             |
|   | _____ |         | \$ _____ |             |
| Net profit  |       |         | \$ _____ | =PROFIT     |
| Total amount of money deposited with building secretary:<br>(attach all office receipts and an explanation if not equal to total sales above) |       |         | \$ _____ | DEPOSITS    |

Complete **SECTION TWO** for other activities:

|  |                  |               |          |
|--|------------------|---------------|----------|
| Description of actual revenues   | <u>entry fee</u> | \$ <u>970</u> | +REVENUE |
|  | _____            | \$ _____      |          |
|  | _____            | \$ _____      |          |
|  | _____            | \$ _____      |          |
| Description of actual expenses   | _____            | \$ <u>0</u>   | -EXPENSE |
|  | _____            | \$ _____      |          |
|  | _____            | \$ _____      |          |
|  | _____            | \$ _____      |          |
| Net profit   |                  | \$ <u>970</u> | =PROFIT  |
| Total amount of money deposited with building secretary<br>(attach all office receipts and an explanation if not equal to total revenue above) |                  | \$ <u>970</u> | DEPOSITS |

ADVISOR

Hope Boes

DATE

4/1/25

PRINCIPAL

W. R. Smith

DATE

4/2/25

SUPERINTENDENT

Jenny Gladis

DATE

4/2/25

TREASURER'S OFFICE

Chris Edwards  
(form revised 04/25/2022)

DATE

4/8/25

### ***TC Volleyball - March Madness***

The TC Volleyball team will be offering 4 skill sessions. Each session will include time to work on various volleyball skills, such as passing and serving, setting and hitting. Girls will also be forming teams, coached by high school players, and playing for the last 30-45 minutes of our time. The sessions will be held at Tiffin Columbian High School. Girls in grades 4 through 7 are invited to come have fun and learn! We will have a flat fee of \$35. Please do not send any money to school, payments can be made at the first session. Sessions will begin at 5:30pm and end at 7:00pm. Any questions please text me...419-934-5745 (*checks made out to TC Athletics*)

Thanks and hope to see you there!!

Coach Boes

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**TC Volleyball March Madness:** 5:30pm - 7:00pm @ Tiffin Columbian High School, on:

Mon March 17th

Wed March 19th

Tues March 25th

Thurs March 27th

# STUDENT ACTIVITY PROPOSAL

ORGANIZATION Volleyball ACTIVITY Regional T-shirts  
PURPOSE To raise money for volleyball program  
STARTING DATE 10/24/24 ENDING DATE 11/1/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

|   |               |                               |                         |
|---|---------------|-------------------------------|-------------------------|
| COMPANY & ADDRESS <u>Viewpoint Graphics 132 S. Washington St.</u> |               |                               |                         |
| COMPANY REPRESENTATIVE <u>Pete</u>                                |               | PHONE NO. <u>419-447-6073</u> |                         |
| ITEMS FOR RESALE  | QUANTITY      | UNIT PURCHASE PRICE           | PROPOSED RESALE PRICE   |
| <u>t-shirts</u>   | <u>T.O.D.</u> | @ \$ <u>9.00-13.00</u>        | @ \$ <u>15.00-17.50</u> |
| _____   | _____         | @ \$ _____                    | @ \$ _____              |
| _____   | _____         | @ \$ _____                    | @ \$ _____              |

Complete **SECTION TWO** for other activities:

|  |                    |
|--|--------------------|
| DESCRIPTION OF REVENUE (please be specific)  | PROJECTED RECEIPTS |
| _____  | \$ _____           |
| _____  | \$ _____           |
| _____  | \$ _____           |
| DESCRIPTION OF EXPENSES (please be specific) | ESTIMATED COSTS    |
| _____  | \$ _____           |
| _____  | \$ _____           |
| _____  | \$ _____           |

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Amy M. Cooper (Hope Boes-Headcoach) DATE 10/24/24  
PRINCIPAL W. R. B. J. DATE 10/28/24  
SUPERINTENDENT Jerry Neale DATE 11/1/2024  
TREASURER'S OFFICE Anne S. Spencer DATE 11/8/2024



**STUDENT ACTIVITY PROPOSAL**

ORGANIZATION Columbian HS ACTIVITY Volleyball  
 PURPOSE Skill sessions  
 STARTING DATE March 1 ENDING DATE March 31, 2025

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY &amp; ADDRESS \_\_\_\_\_

COMPANY REPRESENTATIVE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

| ITEMS FOR RESALE | QUANTITY | UNIT PURCHASE PRICE | PROPOSED RESALE PRICE |
|------------------|----------|---------------------|-----------------------|
| _____            | _____    | @ \$ _____          | @ \$ _____            |
| _____            | _____    | @ \$ _____          | @ \$ _____            |
| _____            | _____    | @ \$ _____          | @ \$ _____            |

Complete **SECTION TWO** for other activities:

DESCRIPTION OF ANTICIPATED REVENUE  
 (please be specific and list details such as unit prices, estimated quantities, etc.)

PROJECTED RECEIPTS

Entry fee (\$35.00)  
(See attachment)

\$ 400.00  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

DESCRIPTION OF ANTICIPATED EXPENSES

ESTIMATED COSTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ 0  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

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ADVISOR Hope BoesDATE 2-27-25PRINCIPAL APPROVAL [Signature]DATE 3/3/25SUPERINTENDENT APPROVAL [Signature]DATE 3/4/25TREASURER'S OFFICE [Signature]DATE 3/5/25

(form revised 04/25/2022)

### ***TC Volleyball - March Madness***

The TC Volleyball team will be offering 4 skill sessions. Each session will include time to work on various volleyball skills, such as passing and serving, setting and hitting. Girls will also be forming teams, coached by high school players, and playing for the last 30-45 minutes of our time. The sessions will be held at Tiffin Columbian High School. Girls in grades 4 through 7 are invited to come have fun and learn! We will have a flat fee of \$35. Please do not send any money to school, payments can be made at the first session. Sessions will begin at 5:30pm and end at 7:00pm. Any questions please text me....419-934-5745 (*checks made out to TC Athletics*)

Thanks and hope to see you there!!

Coach Boes

---

**TC Volleyball March Madness:** 5:30pm - 7:00pm @ Tiffin Columbian High School, on:

Mon March 17th

Wed March 19th

Tues March 25th

Thurs March 27th

TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE  
BUDGET REPORT

School Columbian High School

Title of Student Activity Group

Volleyball

A. Statement of Purpose (Attach separate sheet as needed)

to raise money for the volleyball  
in order to be self-sufficient.

B. Proposed Operating Budget for Year beginning July 1, 2024  
Beginning Cash Balance as of July 1, 2024

Estimated Receipts for Year (by source of revenue)

|  |                                   |
|--|-----------------------------------|
| <u>Biddy camps + clinics</u>             | \$ <u>500.00</u>                  |
| <u>chipotle</u>                          | \$ <u>200.00</u>                  |
| <u>clothing fundraiser</u>               | \$ <u>900.00</u>                  |
| <u>serve-a-thon.</u>                     | \$ <u>300.00</u>                  |
| <u>Block Out Cancer (charity event).</u> | \$ <u>3,000.00</u>                |
| <u>car wash</u>                          | \$ <u>500.00</u>                  |
| <b>Total Receipts</b>                    | \$ <u>5,400.00</u> <sup>(B)</sup> |

Estimated Disbursements for Year (by type of expenditure):

|   |                                   |
|---|-----------------------------------|
| <u>team shirts/camp shirts</u>          | \$ <u>1,200.00</u>                |
| <u>Block Out Cancer (charity event)</u> | \$ <u>3,000.00</u>                |
| <u>Misc. supplies + equipment</u>       | \$ <u>1,000.00</u>                |
| <u>Banquet supplies</u>                 | \$ <u>500.00</u>                  |
| <b>Total Disbursements</b>              | \$ <u>5,700.00</u> <sup>(C)</sup> |
| (A) + (B) - (C) = (D)                   |                                   |

Estimated Ending Cash Balance ----- \$ 5,089.01<sup>(D)</sup>

Approved By:

Jimmy M. Cooper  
Principal/Administrator

J. Harker  
Superintendent/Designee

Approved by Board of Education on:

Jennifer Hedden

9/17/24  
Date

9-18-24  
Date

9/18/24  
Date

Meeting Date

9/18/24

Amended



original

TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE  
BUDGET REPORT

School Columbian High School

Title of Student Activity Group

Volleyball

Acct. # 300

Fund

9914

SCC

A. Statement of Purpose (Attach separate sheet as needed)

To raise money for the volleyball program in order  
to be self-sufficient.

B. Proposed Operating Budget for Year beginning July 1, 2024 and ending June 30, 2025  
Beginning Cash Balance as of July 1, 2024 ----- \$ 5,389.00 (a)

Estimated Receipts for Year (by source of revenue)

Biddy camps + clinics

\$ 500.00

Chipotle

\$ 200.00

clothing fundraiser

\$ 900.00

serve-a-thon

\$ 300.00

Block out cancer (charity event).

\$ 3,000.00

\$ \_\_\_\_\_

Total Receipts

\$ 4,900.00 (b)

Estimated Disbursements for Year (by type of expenditure):

Team shirts / camp shirts

\$ 1,200.00

Block out cancer (charity event)

\$ 3,000.00

Misc. supplies + equipment

\$ 1,000.00

Banquet supplies

\$ 500.00

\$ \_\_\_\_\_

Total Disbursements  
(A) + (B) - (C) = (D)

\$ 5,700.00 (c)

Estimated Ending Cash Balance ----- \$ 4,589.00 (d)

Approved By:

Amy M. Cooper

Advisor

8/12/24

Date

[Signature]

Principal/Administrator

8-13-24

Date

[Signature]

Superintendent/Designee

8/15/24

Date

Approved by Board of Education on:

Meeting Date

Jenah Heekin

8/29/24

D64

8-20-24

# STUDENT ACTIVITY PROPOSAL

ORGANIZATION Volleyball ACTIVITY car wash  
 PURPOSE To raise money for the volleyball program  
 STARTING DATE 9/21/24 ENDING DATE 9/27/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

## Complete SECTION ONE for resale activities:

| COMPANY & ADDRESS _____      |          |                     |                       |
|------------------------------|----------|---------------------|-----------------------|
| COMPANY REPRESENTATIVE _____ |          | PHONE NO. _____     |                       |
| ITEMS FOR RESALE             | QUANTITY | UNIT PURCHASE PRICE | PROPOSED RESALE PRICE |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |

## Complete SECTION TWO for other activities:

|   |                    |
|---|--------------------|
| DESCRIPTION OF REVENUE (please be specific)                         | PROJECTED RECEIPTS |
| <u>The teams will wash cars for a donation (from the customers)</u> | \$ <u>500.00</u>   |
| _____   | \$ _____           |
| _____   | \$ _____           |
| DESCRIPTION OF EXPENSES (please be specific)                        | ESTIMATED COSTS    |
| <u>None</u>   | \$ _____           |
| _____   | \$ _____           |
| _____   | \$ _____           |

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Amy M. Cooper (Hope Boes - head coach) DATE 9/18/24  
 PRINCIPAL W. R. B. L. DATE 9-18-24  
 PERINTENDENT J. Hader DATE 9/18/24  
 TREASURER'S OFFICE Jenn Hader DATE 9/18/24

# STUDENT ACTIVITY PROPOSAL

ORGANIZATION Volleyball ACTIVITY Fundraiser (clothing)  
 PURPOSE To raise money for volleyball program  
 STARTING DATE 8/12/24 ENDING DATE 9/30/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

## Complete SECTION ONE for resale activities:

COMPANY & ADDRESS Bair Brothers 28 S. Washington St. Tiffin  
 COMPANY REPRESENTATIVE Russ PHONE NO. 419-447-2681  

| ITEMS FOR RESALE              | QUANTITY          | UNIT PURCHASE PRICE      | PROPOSED RESALE PRICE     |
|-------------------------------|-------------------|--------------------------|---------------------------|
| <u>various clothing items</u> | <u>to be</u>      | <u>@ \$ 8.80 - 41.50</u> | <u>@ \$ 14.00 - 47.00</u> |
|                               | <u>determined</u> | <u>@ \$</u>              | <u>@ \$</u>               |
|                               | <u>by presale</u> | <u>@ \$</u>              | <u>@ \$</u>               |

## Complete SECTION TWO for other activities:

| DESCRIPTION OF REVENUE (please be specific) | PROJECTED RECEIPTS |
|---|--------------------|
|   | \$                 |
|   | \$                 |
|   | \$                 |

  

| DESCRIPTION OF EXPENSES (please be specific) | ESTIMATED COSTS |
|--|-----------------|
|  | \$              |
|  | \$              |
|  | \$              |

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Amy M. Cooper DATE 8/12/24  
 PRINCIPAL W. R. B. L. DATE 8/13/24  
 SUPERINTENDENT J. Plade DATE 8/15/24  
 TREASURER'S OFFICE Jennifer Hedman DATE 8/19/24

TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE  
BUDGET REPORT

School Columbian High School

Title of Student Activity Group \_\_\_\_\_

Acct. # 300

Fund \_\_\_\_\_

9914  
SCC

A. Statement of Purpose (Attach separate sheet as needed)

To raise money for the volleyball program in order  
to be self-sufficient.

B. Proposed Operating Budget for Year beginning July 1, 2024 and ending June 30, 2025  
Beginning Cash Balance as of July 1, 2024 ----- \$ 5,389.01 (A)

Estimated Receipts for Year (by source of revenue)

|   |                        |
|---|------------------------|
| <u>Biddy camps + clinics</u>            | \$ <u>500.00</u>       |
| <u>Chipotle</u>                         | \$ <u>200.00</u>       |
| <u>clothing fundraiser</u>              | \$ <u>900.00</u>       |
| <u>serve-a-thon</u>                     | \$ <u>300.00</u>       |
| <u>Block out Cancer (charity event)</u> | \$ <u>3,000.00</u>     |
| _____                                   | \$ _____               |
| <b>Total Receipts</b>                   | \$ <u>4,900.00</u> (B) |

Estimated Disbursements for Year (by type of expenditure):

|   |                        |
|---|------------------------|
| <u>Team shirts / camp shirts</u>        | \$ <u>1,200.00</u>     |
| <u>Block out Cancer (charity event)</u> | \$ <u>3,000.00</u>     |
| <u>Misc. supplies + equipment</u>       | \$ <u>1,000.00</u>     |
| <u>Banquet supplies</u>                 | \$ <u>500.00</u>       |
| _____                                   | \$ _____               |
| <b>Total Disbursements</b>              | \$ <u>5,700.00</u> (C) |

(A) + (B) - (C) = (D)

Estimated Ending Cash Balance ----- \$ 4,589.01 (D)

Approved By:

Advisor

Principal/Administrator

Superintendent/Designee

Approved by Board of Education on:

8/12/24

Date

8-13-24

Date

8/15/24

Date

Meeting Date

Jenack Heekin

8/29/24

D64

8-20-24

# STUDENT ACTIVITY PROPOSAL

ORGANIZATION Volleyball ACTIVITY Serve-a-thon  
PURPOSE To generate funds for the volleyball team  
STARTING DATE 8/30/24 ENDING DATE 10/10/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

## Complete SECTION ONE for resale activities:

|                              |          |                     |                       |
|------------------------------|----------|---------------------|-----------------------|
| COMPANY & ADDRESS _____      |          |                     |                       |
| COMPANY REPRESENTATIVE _____ |          | PHONE NO. _____     |                       |
| ITEMS FOR RESALE             | QUANTITY | UNIT PURCHASE PRICE | PROPOSED RESALE PRICE |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |
| _____                        | _____    | @ \$ _____          | @ \$ _____            |

## Complete SECTION TWO for other activities:

|  |                    |
|--|--------------------|
| DESCRIPTION OF REVENUE (please be specific)  | PROJECTED RECEIPTS |
| <u>Team members will ask for donations</u>   | <u>\$ 300.00</u>   |
| <u>per serve and then serve 50 times to</u>  | <u>\$ _____</u>    |
| <u>see how much money to collect.</u>        | <u>\$ _____</u>    |
| DESCRIPTION OF EXPENSES (please be specific) | ESTIMATED COSTS    |
| <u>None</u>                                  | <u>\$ _____</u>    |
| _____  | <u>\$ _____</u>    |
| _____  | <u>\$ _____</u>    |

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Amy M. Cooper (Hope bees head coach) DATE 8/27/24  
PRINCIPAL W. R. B. L. DATE 8/28/24  
PERINTENDENT Jerry Hadden DATE 8/29/24  
TREASURER'S OFFICE Jessie Hadden DATE 8/29/24



# STUDENT ACTIVITY PROPOSAL

ORGANIZATION Volleyball ACTIVITY Block Out Cancer  
 PURPOSE To raise money for F.A.C.T. of Seneca County  
 STARTING DATE 8/27/24 ENDING DATE 10/30/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

## Complete SECTION ONE for resale activities:

COMPANY & ADDRESS Bair Brothers 28 S. Washington St. Tiffin  
 COMPANY REPRESENTATIVE Russ PHONE NO. 419-447-2681

| ITEMS FOR RESALE        | QUANTITY      | UNIT PURCHASE PRICE    | PROPOSED RESALE PRICE   |
|-------------------------|---------------|------------------------|-------------------------|
| <u>various clothing</u> | <u>100</u>    | <u>@ \$ 7.95-22.30</u> | <u>@ \$ 13.00-29.00</u> |
| <u>items</u>            | <u>by</u>     | <u>@ \$</u>            | <u>@ \$</u>             |
|                         | <u>resale</u> | <u>@ \$</u>            | <u>@ \$</u>             |

## Complete SECTION TWO for other activities:

| DESCRIPTION OF REVENUE (please be specific) | PROJECTED RECEIPTS |
|---|--------------------|
| <u>Pink volleyballs will be sold for a</u>  | <u>\$ 500.00</u>   |
| <u>donation. We will have a bake</u>        | <u>\$</u>          |
| <u>sale.</u>                                | <u>\$</u>          |
|   | <u>\$</u>          |

  

| DESCRIPTION OF EXPENSES (please be specific) | ESTIMATED COSTS |
|--|-----------------|
|  | <u>\$</u>       |
|  | <u>\$</u>       |
|  | <u>\$</u>       |

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Amy Cooper (Hope 8069-2682) DATE 8/27/24  
 PRINCIPAL W. R. B. L. DATE 8/28/24  
 PERINTENDENT J. Wade DATE 8/29/24  
 TREASURER'S OFFICE Jenn Hede DATE 8/29/24