

WINSLOW TOWNSHIP SCHOOL DISTRICT - REQUEST FOR SCHOOL FIELD TRIPS
BOARD APPROVAL DATE: Wednesday, August 28, 2024

EXHIBIT NO. X A:4

Sch	Date of Trip	Destination (Trip Information)	Teacher/Coach	Bus(es)	# of Pupils	Departure/Return Time
1	10/08/2024	The College of NJ Trenton, NJ (Student Government students to attend the SGA Conference)	Ms. Donohue Ms. Parzanese Ms. Kiett	1	45	Depart: 7:30 a.m. Return: 3:30 p.m.
2	10/16/2024	Longwood Gardens Kennett Square, PA (Science Club and Environmental STEM student study of plant anatomy, physiology, and ecosystems.)	Ms. Kiett 4 Staff	1	40	Depart: 8:30 a.m. Return: 3:45 p.m.
3	09/14/2024 (Saturday)	Manchester High School Manchester, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
4	09/21/2024 (Saturday)	Washington Twp. High School Sewell, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
5	09/28/2024 (Saturday)	Williamstown High School Williamstown, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
6	10/05/2024 (Saturday)	Millville High School Millville, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
7	10/12/2024 (Saturday)	West Deptford High School West Deptford, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
8	10/13/2024 (Sunday)	Deptford High School Deptford, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
9	10/20/2024 (Sunday)	Eastern Regional High School Voorhees, NJ (Marching Band competitive performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.
10	11/02/2024 or 11/03/2024	Hershey Park Hershey, PA (Marching Band competitive championship performance)	Mr. Jarvela 4 Staff	2 + Box Truck	40	Depart: 12:00 p.m. Return: 9:00 p.m.

2024-2025												
OOD PLACEMENT-BUDGET												
SCHOOL	STUDENT ID#	DOB	STATE ID #	CLASS	GR	STATE & OTHER TUITION	REGULAR TUITION	ESY TUITION	RELATED SERVICES	TOTAL	BOARD AGENDA	
Atlantic County Special Services	5119	8/19/2017	4050609202	MD	2	\$9,500.00	\$38,500.00			\$48,000.00	8/28/24	
Archway-Atco 08-8208-IQO	5116	6/6/2012	2183179576	ED	6		\$66,600.00	\$11,100.00		\$77,700.00	8/28/24	
	5128	3/27/2019	4246701489	PSD	4F		\$52,608.60			\$52,608.60	8/28/24	
BCSS 05-0605-030	5114	6/14/2005	9893625152	AUT	PG			\$4,444.00	\$6,406.00	\$10,850.00	8/28/24	
	5113	6/24/2010	5374570426	AUT	8			\$4,444.00		\$4,444.00	8/28/24	
	5112	11/15/2013	1846423631	AUT	4			\$4,444.00	\$6,406.00	\$10,850.00	8/28/24	
	5111	2/9/2004	6715803134	MD	PG			\$4,444.00		\$4,444.00	8/28/24	
	5108	10/1/2004	7468018903	MD	PG			\$4,444.00	\$6,406.00	\$10,850.00	8/28/24	
	5115	8/21/2008	1998750428	AUT	9			\$4,444.00		\$4,444.00	8/28/24	
NJ Commission Blind/Disabled	5049	6/13/2007	9681428815	MD	11		\$2,420.00			\$2,420.00	8/28/24	
	5135	2/14/2011	2809604717	C/Deaf	7		\$2,420.00			\$2,420.00	8/28/24	
	5022	8/9/2009	6019065987	MD	8		\$2,420.00			\$2,420.00	8/28/24	
	5085	4/17/2017	3051056748	PSD	1		\$2,420.00			\$2,420.00	8/28/24	
	5024	4/13/2016	8195049204	MD	3		\$2,420.00			\$2,420.00	8/28/24	
	5037	9/29/2015	9325700369	OHI	4		\$2,420.00			\$2,420.00	8/28/24	
	5047	10/19/2012	3918541565	MD	6		\$2,420.00			\$2,420.00	8/28/24	
	5050	3/5/2013	60465669060	MD	6		\$2,420.00			\$2,420.00	8/28/24	
	5048	10/13/2007	1264343381	MD	11		\$2,420.00			\$2,420.00	8/28/24	
	5134	9/12/2011	5820421293	VI	8		\$2,420.00			\$2,420.00	8/28/24	
Galloway Township Board of Education	5133	6/2/2005	6477430857	MD	PG		\$2,420.00			\$2,420.00	8/28/24	
	5025	8/31/2012	8006275479	MD	7		\$2,420.00			\$2,420.00	8/28/24	
	5092	12/12/2014	8015506421	OHI	5		\$2,420.00			\$2,420.00	8/28/24	
Galloway Township Board of Education												
	5132	11/13/2008	3204832491	VI	9				\$1,779.85	\$1,779.85	8/28/24	

2024-2025 Termination of OOD Students
August 28, 2024

	Student #	Placement	Effective	Cost	Reason for Termination of Placement
A	5011	Durand Academy	8/22/24	\$136,486.49	Moved out of District
B	5103	Durand Academy	8/22/24	\$134,599.58	Change in Placement

2024-2025 HOMELESS STUDENTS

August 28, 2024

	SENDING DISTRICT	STUDENT ID	GRADE
A	Lindenwold Schools	2900	6
B	Lindenwold Schools	2901	11
C	Lindenwold Schools	2902	1

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: One

Club/Organization: School One HSA

AUG 16 2024

Person Submitting Request: Jessica Chandler ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: Sept 9-13, 2024 Time of Activity: After School Hours

Fundraising Activity: People can purchase popcorn online and have it sent directly to their house.

Location of Activity: Online

Cost Per Item/Person: Varies Sale Price: _____ Anticipated Profit: 50%

Intended Use of Raised Funds: Student events and activities

Vendor Description (If Appropriate): Double Good Popcorn

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 8/14/24

Superintendent/Designee: [Signature] Date: 8/19/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: Sept-June 2025 Time of Activity: Ongoing

Fundraising Activity: Spirit Wear

Location of Activity: School 6

Cost Per Item/Person: _____ Sale Price: _____ Anticipated Profit: \$500

Intended Use of Raised Funds: School trips and assemblies grades 4-6

RECEIVED

Vendor Description (If Appropriate): Simply Crafty

AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: Lynette Brown Date: 8/13/24

Superintendent/Designee: Deborah Carter Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: Sept-June 2025 Time of Activity: During lunches

Fundraising Activity: School Store

Location of Activity: Cafeteria

Cost Per Item/Person: \$1 Sale Price: \$1 Anticipated Profit: \$500

Intended Use of Raised Funds: School trips and assemblies grades 4-6

RECEIVED

Vendor Description (If Appropriate): n/a

AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: *Syrette Brown* Date: 8/13/24

Superintendent/Designee: *Rowdy Case* Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: Sept 2024 - June 2025 Time of Activity: Varies

Fundraising Activity: Double Good Popcorn Virtual Fundraiser

Location of Activity: Online

Cost Per Item/Person: Varies Sale Price: _____ Anticipated Profit: 50% of sales

Intended Use of Raised Funds: Funds will be used to support student activities and events

RECEIVED

AUG 14 2024

Vendor Description (If Appropriate): Double Good Popcorn

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: *Rynette Brown* Date: 8/13/24

Superintendent/Designee: *Wendy Case* Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: Sept-June 2025 Time of Activity: After school

Fundraising Activity: Dine Out Nights

Location of Activity: Various

Cost Per Item/Person: _____ Sale Price: _____ Anticipated Profit: \$1000

Intended Use of Raised Funds: School trips and assemblies grades 4-6

RECEIVED

Vendor Description (If Appropriate): _____
AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: *Syrette Brown* Date: 8/13/24

Superintendent/Designee: *Wendy Casco* Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: Sept-June 2025 Time of Activity: After school

Fundraising Activity: Concession table during school events

Location of Activity: School 6

Cost Per Item/Person: _____ Sale Price: _____ Anticipated Profit: \$300

Intended Use of Raised Funds: School trips and assemblies grades 4-6

RECEIVED

Vendor Description (If Appropriate): n/a AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 8/13/24

Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: 9/2024-6/2025 Time of Activity: Varies

Fundraising Activity: Monetary donations to support student field trips

Location of Activity: n/a

Cost Per Item/Person: Varies Sale Price: _____ Anticipated Profit: 500

Intended Use of Raised Funds: Funds will be used to support student activities and events

RECEIVED

Vendor Description (If Appropriate): _____ AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 8/13/24
Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: 12/9-12/13/24 Time of Activity: During School

Fundraising Activity: Holiday Shop

Location of Activity: Library

Cost Per Item/Person: \$1-\$7 Sale Price: \$1-\$7 Anticipated Profit: \$200

Intended Use of Raised Funds: School trips and assemblies grades 4-6

RECEIVED

AUG 14 2024

Vendor Description (If Appropriate): Natalie's Elf Shelf

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: *Synette Brown* Date: 8/13/24

Superintendent/Designee: *Verdell Caser* Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: 10/3/24 Time of Activity: 5 - 7pm

Fundraising Activity: Book Fair Family Shopping Night

Location of Activity: Library

Cost Per Item/Person: _____ Sale Price: _____ Anticipated Profit: \$250

Intended Use of Raised Funds: School trips and assemblies grades 4-6

RECEIVED

Vendor Description (If Appropriate): Scholastic Books

AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: *Synette Brewer* Date: 8/13/24

Superintendent/Designee: *Neeraj Lal* Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: 9/30-10/4/24 Time of Activity: Varies

Fundraising Activity: Scholastic Book Fair

Location of Activity: Library

Cost Per Item/Person: Varies Sale Price: _____ Anticipated Profit: 500

Intended Use of Raised Funds: Funds will be used to support student activities and events

RECEIVED

Vendor Description (If Appropriate): Scholastic Books

AUG 14 2024

~~ASSISTANT SUPERINTENDENT~~

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 8/13/24

Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: 6

Club/Organization: HSA

Person Submitting Request: Meg Hogan

Date(s) of Fundraiser: 5/23/25 Time of Activity: 5 - 9:30pm

Fundraising Activity: Ice Cream Social & Basket Extravaganza

Location of Activity: Cafeteria/Gym

Cost Per Item/Person: \$5 Sale Price: \$5 Anticipated Profit: \$5000

Intended Use of Raised Funds: Field trips & end of year celebrations for grades 4-6

RECEIVED

Vendor Description (If Appropriate): _____

AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 8/13/24

Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTMS

Club/Organization: WTMS 7th Grade Class of 2030

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: Sept- October 2024 Time of Activity: Outside School Day

Fundraising Activity: Catalog Sale of Snacks from Kastle Fundraising

Location of Activity: Catalog Sales

Cost Per Item/Person: Various Sale Price: Various Anticipated Profit: \$275.00

Intended Use of Raised Funds: Defray cost of 7th grade class activities and class trip

RECEIVED

Vendor Description (If Appropriate): Kastle Fundraising AUG 14 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: [Signature] Date: 8-19-24

Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTMS

Club/Organization: WTMS 7th Grade Class of 2030

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: October 2024 Time of Activity: 3pm-9pm

Fundraising Activity: Students attend a dedicated fundraiser night at Urban Air Adventure Park

Location of Activity: 611 Berlin-Crosskeys Rd. Sicklerville, NJ 08081

Cost Per Item/Person: _____ Sale Price: \$30 Anticipated Profit: 20% of sales

Intended Use of Raised Funds: Defray cost of 7th grade class activities and class trip

Vendor Description (If Appropriate): Urban Air Adventure Park

RECEIVED

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

AUG 14 2024

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 8/14/24

Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTMS

Club/Organization: WTMS Student Government Association

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: October-Dec 2024 Time of Activity: Outside School Day

Fundraising Activity: Students Sell Bags of Fun Shaped Pasta

Location of Activity: Catalog Sales

Cost Per Item/Person: Varies Sale Price: Varies Anticipated Profit: \$300.00

Intended Use of Raised Funds: Defray cost of student activities

Vendor Description (If Appropriate): Fun Pasta Fundraising

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

RECEIVED

AUG 14 2024

APPROVED BY: Administrator: [Signature] Date: 8-14-24

ASSISTANT SUPERINTENDENT

Superintendent/Designee: [Signature] Date: 8/14/24

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: High School

AUG 15 2024

Club/Organization: FBLA

Person Submitting Request: K. Alexander ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 2024-2025 school year Time of Activity: after school

Fundraising Activity: Selling school store merchandise; snacks including pizza, ice cream & noodles; drinks including Snapple, water, Gatorade (or similar) & hot chocolate

Location of Activity: School Store

Cost Per Item/Person: .50-\$30 Sale Price: .50-\$30 Anticipated Profit: \$500

Intended Use of Raised Funds: General FBLA funds including scholarships

Vendor Description (If Appropriate): BJ's

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: K. Manku Date: 8-15-24

Superintendent/Designee: Wendy Carr Date: 8/19/24

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: High School

Club/Organization: FBLA

Person Submitting Request: K. Alexander

Date(s) of Fundraiser: 2024-2025 school year Time of Activity: ongoing

Fundraising Activity: Chocolate dipped pretzel rods

Location of Activity: School Store, room B100, memebers selling in the community

Cost Per Item/Person: \$39/box Sale Price: \$60/box Anticipated Profit: \$21/box

Intended Use of Raised Funds: General FBLA funds including scholarships

Vendor Description (If Appropriate): Van Wyk Confections

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

RECEIVED

AUG 15 2024

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: K. Mawla Date: 8-15-24

Superintendent/Designee: Verdithy Casen Date: 8/19/24

WINSLOW TOWNSHIP SCHOOL DISTRICT
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: High School

Club/Organization: FBLA

Person Submitting Request: K. Alexander

Date(s) of Fundraiser: 2024-2025 school year Time of Activity: ongoing

Fundraising Activity: Philly Soft Pretzel Grams

Location of Activity: School Store, room B100

Cost Per Item/Person: .50 Sale Price: \$1.00 Anticipated Profit: \$300

Intended Use of Raised Funds: General FBLA funds including scholarships

Vendor Description (If Appropriate): Philly Soft Pretzel stores

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: K. Maulla Date: 8-15-24

Superintendent/Designee: Wendy Casca Date: 8/19/24

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

RECEIVED

Club/Organization: Winslow Twp. Girls XC & Track & Field

AUG - 7 2024

Person Submitting Request: Shawnnika Brown Self

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 09/03/2024 - 09/20/2024

Time of Activity: after school

Fundraising Activity: Fill My Runner Card

Location of Activity: Various

Cost Per Item/Person: 0.00 Sale Price: \$5,\$10,\$15,\$20,\$25 donation Anticipated Profit: \$240 per card

Intended Use of Raised Funds: Offset cost of meet refreshments, XC training sneakers, sweatshirt and tshirt

Vendor Description (If Appropriate): _____

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: K. Mallick Date: 8-7-24

Superintendent/Designee: Dorothy Carter Date: 8/12/24

CROSS COUNTRY FUNDRAISER

Help me black out my running shoe so I can reach the finish line on my fundraising goal!



Instant Download

HOW IT WORKS:
Send amount you want to contribute to the fundraiser to the sponsor for your support!

CONTACT & PAYMENT INFO:

for your support!

PAYMENT INFO:

CROSS COUNTRY FUNDRAISER

Help me black out my running shoe so I can reach my fundraising goal!



5-10-15

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

Club/Organization: Winslow Twp. Girls XC & Track & Field

AUG - 7 2024

Person Submitting Request: Shawnnika Brown Self

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 12/2/2024-12/18/2024

Time of Activity: after school

Fundraising Activity: Fill My Runner Card

Location of Activity: Various

Cost Per Item/Person: 0.00 Sale Price: \$10.00 per slot Anticipated Profit: \$300 per card

Intended Use of Raised Funds: Offset cost of travel, meet fees, uniform & hotel for NBIN

In Boston, MA; March 2025

Vendor Description (If Appropriate): _____

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: K. Mante Date: 8.7.24

Superintendent/Designee: Wendy Carson Date: 8/12/24



TEAM NAME

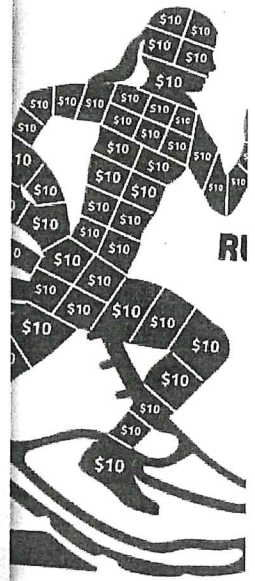
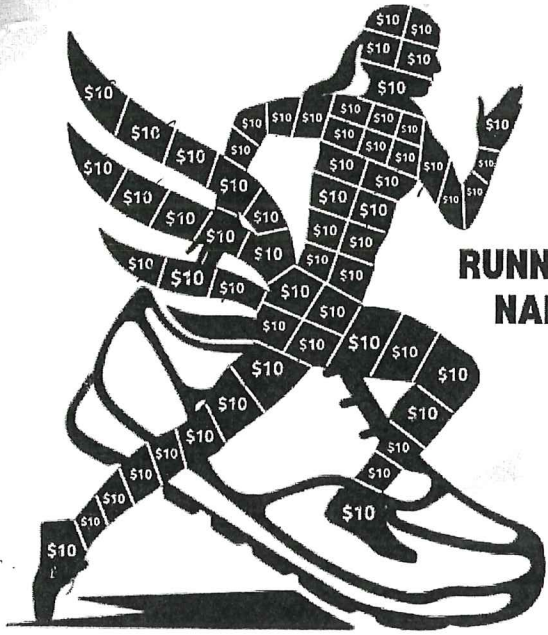
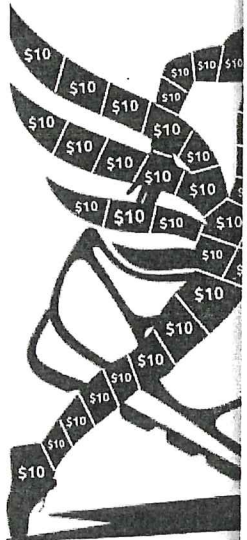
CHOOSE A DONATION AMOUNT TO SUPPORT MY TRACK SEASON

TEAM NAME

CHOOSE A DONATION AMOUNT TO SUPPORT MY TRACK SEASON

TEAM NAME

CHOOSE A DONATION AMOUNT TO SUPPORT MY TRACK SEASON



RUNNER'S NAME

Thanks For Your

Thanks For Your Support!

Your Support!

CASH APP:@XYZ123
PAYPAL:@XYZ123

CASH APP:@XYZ123
PAYPAL:@XYZ123

YOUR SPONSORSHIP WILL COVER:
COMPETITION FEES, UNIFORMS,
AND TRAINING

YOUR SPONSORSHIP WILL COVER:
COMPETITION FEES, UNIFORMS,
AND TRAINING

TRACK FUNDRAISER

WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

AUG - 7 2024

Club/Organization: Winslow Twp. Girls XC & Track & Field

ASSISTANT SUPERINTENDENT

Person Submitting Request: Shawnnika Brown Self

Date(s) of Fundraiser: Fall, Winter, Spring Time of Activity: after school

Fundraising Activity: Selling water, gatorade and healthy snacks for student athletes during practices.

Location of Activity: Various

Cost Per Item/Person: 0.00 Sale Price: various Anticipated Profit: \$varied

Intended Use of Raised Funds: Offset cost of travel, meet fees, uniform for NBIN

Vendor Description (If Appropriate): _____

Is there any commission or other gain to be received by school or advisor? Yes No

If Yes, please explain: _____

APPROVED BY: Administrator: K. Maula Date: 8.7.24

Superintendent/Designee: Woody Cascar Date: 8/12/24