

General Information

Date Submitted		Date Funds are Needed		
Club/Team/Group Name			Approved through Grant?*	
Student Contact Name	Phone		Email	
Adult Sponsor Contact Name	Phone		Email	

Request Information

Budget (Please list below or on separate sheet)		Requested \$ Amount		Previous Amount/Date Received	
Costs (List)	\$ Amou	int	Income (List)		\$ Amount
TOTAL			TOTAL		

Please list all <u>expenses</u> such as coaching, field, bus, travel, equipment, etc. and all <u>income</u> such as dues, fees, other fundraising, sales, donations, sponsorship, etc. The difference is the amount (or close to it) you are requesting.

Reasons for Request	

^{*}Your club/team/group must be approved through the Athletics Director or Activities Director AND have an official school account set up with the school accountant.

Club/Team/Group Information

Number of Students Served					
Overview (Please provide some background about the club/team/group including goals, how long you've been around, fundraising objectives, etc.)					
		-			
How have you supported	d Booste	rs previously?			
How will you support Bo	ostors th	nis vear?			
		<u>-</u>			
Booster activities include: Aucti volunteer or be creative.	on basket/	item, raffle sales, trai	iler concessions, parei	ntal involv	ement, attend meetings,
Signatures/Approval					
Club/Team/Group Student Signature			Club/Team/Group Adult Sponsor Signature		
Athletic or Activities Director or Principal Signature					
Booster Action		Date		\$ Amount Approved	
Approved	Decline	d			
Comments					
For Internal Use					
Check #		Date Issued		Date Cl	eared