



Booster Club Funding Request

Date: _____

TEAM OR CLUB NAME: _____

TEAM COACH OR CLUB SPONSOR: _____

COACH/SPONSOR CONTACT INFO: SCHOOL PHONE (IF APPLICABLE): _____

CELL PHONE: _____

CLASSROOM #: _____

TOTAL FUNDING REQUEST AMOUNT: \$

DESCRIPTION (ATTACH SUPPORTING DOCUMENTATION AND ADDITIONAL PAGES IF NECESSARY): _____

APPROXIMATE NUMBER OF STUDENTS THAT WILL BENEFIT FROM THIS REQUEST: _____

PLEASE DESCRIBE ANY OTHER FUNDING SOURCES CONSIDERED: _____

THE FOLLOWING INFORMATION MUST BE SECURED BY THE APPLICANT PRIOR TO SUBMISSION

TOTAL CURRENT AMOUNT IN TEAM/CLUB DEDICATED SCHOOL ACCOUNT: \$ _____

(THIS INFORMATION AVAILABLE FROM PHS ACTIVITIES DIRECTOR)

TOTAL CURRENT AMOUNT IN TEAM/CLUB DEDICATED BOOSTER ACCOUNT: \$ _____

(THIS INFORMATION AVAILABLE FROM PHS BOOSTER CLUB TREASURER)

INFORMATION BELOW THIS LINE TO BE COMPLETED BY PHS ACTIVITIES DIRECTOR OR BOOSTER CLUB ONLY

PHS ACTIVITIES DIRECTOR'S NOTES/RECOMMENDATION:

PHS ACTIVITIES DIRECTOR

DATE

PHS BOOSTER CLUB NOTES/ACTION:

BOOSTER CLUB PRESIDENT

DATE