



STURGEON BAY BOOSTER CLUB

FUNDING REQUEST FORM

Date: _____

Sport: _____ Coach: _____

Phone: _____ Email: _____

Description of Request:

Last time this equipment/service was purchased & who funded:

Total Cost: _____

Less: Amount funded by team account _____

Less: Amount funded by fundraising _____

Less: Amount funded through outside sources _____ Funded by _____

Amount Requested: _____

Date Needed: _____

Lead-Time of Equipment: _____

Other sources of funding available to you:

- 1 _____
- 2 _____
- 3 _____

Future funding needs you intend to ask of the Booster Club in the next two years:

Description	Year Needed	Estimated Amount

Signature of Requestor: _____ Date: _____

Signature of Athletic Director: _____ Date: _____

Signature of Booster Club Officer: _____ Date: _____