

Howards Grove Boosters, Inc.

REQUEST FOR FUNDS

Coach's Name: _____

Phone Number: _____

Funds Are Being Requested For: _____

Example: Basketball Tournament / Cheerleading Clinic

Location of Event: _____

Class & Gender That Funds Are Being Requested For: _____

Example: Class Of 2012 – Girls

Amount Requested: _____

Check Payable To: _____

If the check is being made payable to the coach please attach either a canceled check or a copy of the original check.

Athletic Director Authorization (*Only for High School Coaches requesting Funds*)

AD - Signature: _____ AD - Print Name: _____

Requestor's Signature: _____ Date: _____

- All request for funds must be accompanied with this Request Form (No Exceptions).
- A roster must be attached to the form stating player's name, phone number, email address and parent's name.
- Please allow 5 days for the checks to be processed – the Treasure will call when check or checks are available for pick-up.
- With approval of funds for you group or organization, the Howards Grove Boosters request your help (players, parents and coaches) at major fund raising events. It is these events, which allow us to allocate funds to help support our children and community. It is up to the coaches to pass this information along to the players and parents.
- Please return your request for funds to a Booster Board Member for consideration.
- Children must be in 4th grade or older and live in the Howards Grove School District.

