

We request that you attend the Booster Meeting at which this form is being submitted Program Name: Date: Mailing Address: _____Email: _____ Phone #: _____ Coach or Advisor: _____ School group/team requesting funds: What is the total cost of the project?_____ Amount Requested from BHS Booster Club: _____ What other sources of funding are you securing?_____ Number of students directly benefitting:_____ If approved, Check made out to: _____ Describe how funds will impact your program and the students involved: Groups/individuals that request and receive funds are required to work a pre-determined amount of hours in exchange for the funds. You will be required to commit to events prior to receiving funds For Advisor/Coach: Please comment on this request for funds. Allocation process procedure: Requestor will submit written proposal to the Booster Club in person The Booster Club will discuss and vote on the request that night if possible If approved you will be required to sign up for concession stand service/hours. Checks will be allocated AFTER sign up has occurred Amount Approved:_____ Event/# of Hours for work required:_____ Approval Signature:_____