

Touchet

BOOSTERS



touchetboosters.com, PO Box 223, Touchet, WA 99360

We support and encourage Touchet high school athletes and our community to build school pride.

FUNDS REQUEST FORM

Group Requesting Funds: _____

Date Request Submitted: _____ Date funds needed: _____

Purpose of Funds. Please be specific: include number of items, type of items or intended use; i.e., name of camp, shirts, equipment, etc.

Total cost of requested items: _____

Amount Requested: _____

Note that priority will be given to individuals/groups requesting matching funds. Have you/your group raised matching funds? YES NO

If yes, how much and please describe how funds were acquired and how they are held?

Booster Committee Decision: _____

Vote of Action: _____ Date of Action: _____

Authorized booster signature(s) _____