MANKATO EAST BOOSTER CLUB

REQUEST FORM

Name			Date		
Address					
Address			Number o	f	
Organizati	on		Participant		
Home			Work		
Phone			Phone		
	1		1	'	
Please explain the reason for which funds are being requested.					
Describe other efforts to raise funds for the items requested.					
Describe other enorts to raise rands for the items requested.					
Will the purchased items be shared with other organizations? Please explain.					
will the parenasea items be shared with other organizations. Thease explains					
		1			
Total amou	int pooded				
Total alliot	int needed				
Amount re	auested				
	questeu				
Signature				Date of	
				request	
	*****	******	*****	******	****
Decision D			Date of Pa	vment	
Check Number			Date of Payment Amount Approved		
CITCER HAITING			Amount	pproved	
Officer, Mankato East Booster Club			 Date		