

MANKATO EAST BOOSTER CLUB

REQUEST FORM

Name		Date	
Address			
Organization		Number of Participants	
Home Phone		Work Phone	

Please explain the reason for which funds are being requested.

Describe other efforts to raise funds for the items requested.

Will the purchased items be shared with other organizations? Please explain.

Total amount needed			
Amount requested			
Signature		Date of request	

For Booster Club use only

Decision Date		Date of Payment	
Check Number		Amount Approved	

Officer, Mankato East Booster Club

Date