

REQUEST FORM

This form is to be completed when requesting funds from the Bridgewater-Emery Student Boosters.

Please have them turned in to a booster member by the first Monday of the month. Boosters vote in September, November, January, and March.

Representative's Name: _____

Co-Curricular Group: _____

Nature of Project: _____

Number of Students to Benefit: _____

Date and Location of Project: _____

Estimated Cost of Project: _____

Amount of funds granted toward project from the Bridgewater-Emery School Board: _____

Amount of funds requested from the Booster Club: _____

Signature of person completing form

Date

Club Use Only

_____ Receipts received by Booster Club upon completion of project.

(Please attach to request form)