

North Rose-Wolcott Central School District

Booster Club Funding Request Form

Requester's name(s): _____ Today's Date: _____

Email address: _____ Phone number: _____

Organization: _____ Amount requested: _____

1. Reason for request:

2. What steps, if any, have been taken to raise funds in addition to this request?

3. How will these funds benefit the student(s)?

4. Total cost of event/item: _____ 5. Date funds are needed by: _____

6. If awarded, who should the check be written out to: _____

7. Number of students involved that will benefit from these donated funds: _____

Signature of Requester/s: _____

Return forms to the Booster Club Treasure - Aaron Petrosino - aaronpet@yahoo.com

***Form must be completed and turned in at least six weeks prior to the event/date needed**