

## **Pioneer Athletic Booster Club**

PO Box 41 Westfield, WI 53964

## Request for Funding

Date of Request \_\_\_\_\_ Person Making Request \_\_\_\_\_

Total Amount Requested	Date Requested
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Purpose of Request – Describe equipment, programs, etc (Please be brief and specific	Purpose of Request –	Describe equipment,	programs, etc	(Please be	brief and	specific)
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Grades/Sports aided by this Request \_\_\_\_\_

Number of students/coaches aided by this Request \_\_\_\_\_

(Circle one)	Is this Request for	one time, tw	o-time, or on-	-going funding?
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Have other Service Clubs been approached for funding? (Circle one)	YES	NO
If so, list them:		

Is other fund-	raising (by stud	ents or othe	ers involved)	being done for th	nis item or
program?	(Circle one)	YES	NO	-	

Contact number/address for person making Request:

Signature of person making Request \_\_\_\_\_

Approval by Athletic Director	 Date	

Approval by Principal	Date	
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Granted/Denied by Booster Club on \_\_\_\_\_ for \$\_\_\_\_\_ (date)

## Pioneer Athletic Booster Club Officers

Vice President Nicole Winger

Secretary Natashia Peschel

*Treasurer* Julie Goodwin