

MCE Athletic Boosters

MCE ATHLETIC BOOSTERS FUNDING REQUEST FORM

The Athletic Boosters may be able to assist with your program request. The information you provide will help determine how donated funds raised may best help your sport team. Questions or comments should be directed to the Athletic Booster Committee.

Program _____ Contact Person _____ Ext. _____

Type of request: Equipment Uniforms Other _____

Program/Equipment Description

Sporting Team to be Served: _____ Size of Group: _____

Total Equipment Cost: _____

1. Describe the equipment.
2. Why are funds needed?
3. Why should the Athletic Boosters support this purchase?
4. Would your team fund be able to help with this purchase to some extent?

For committee use only:
Signatures

Coach

President

Date reviewed _____ Athletic Committee Chair Signature _____ Funding approved _____