

RUSSELLVILLE ATHLETIC BOOSTER CLUB OFFICIAL REQUEST FORM FOR ASSISTANCE

Date Requested: _____

Organization/Person Requesting: _____

Item/s Requested: _____

Total Amount Requested: _____ Fundraiser assistance: _____

Bids/Estimates (Minimum 2): 1. Company _____ Cost\$ _____

2. Company _____ Cost\$ _____

3. Company _____ Cost\$ _____

4. Company _____ Cost\$ _____

(Attach Bids/Estimates to Form)

List the rationale of needs: _____

How will this benefit your team as a whole: _____

Have you requested funds from Cole R-1 Funds: _____

If yes, how much and what was their response? _____

-----Below to Filled out by Booster Club Members-----

Meeting Requested Date: _____

Date Voted on: _____

Number of Meetings Requester attended: _____

Fundraiser Performing: _____

Russellville Cole R-1 Assistance Amount: _____

Approved: **YES** **NO**

Amount Approved: _____

Comments: _____

Booster Club President Signature: _____

Booster Club Treasure Signature: _____

Date Paid: _____

Paid To: _____

Amount Paid: _____

Check or Debt: _____