

STAR VALLEY BOOSTER CLUB
GRANT FUNDING REQUEST

Cash

Sport/Club/Group Name:	
Requestor's Name:	
Requestor's Phone #:	
Requestor's Email:	
Requestor's Association to Org:	

# of Students in Org:	
Age of Students in Org:	

Description of Request:	
Date Needed:	
Amount Requested:	
Other Sources of Funding:	
Administrator Approval (if applicable):	

Quote 1 (\$, Business, address):	
Quote 2 (\$, Business, address):	
Quote 3 (\$, Business, address):	

Expectations for Funding

- In-person follow up on progress at board mtg
- Impact/thank you video for social media
- Volunteer for Booster Club fundraising

STAR VALLEY BOOSTER CLUB
PARTNERSHIP REQUEST

Gym Space, Insurance, Transportation, 501(c)(3) access, promotion of event,

Sport/Club/Group Name:	
Requestor's Name:	
Requestor's Phone #:	
Requestor's Email:	
Requestor's Association to Org:	

# of Students in Org:	
Age of Students in Org:	

Description of Request:	
Date Needed:	

Administrator Approval (if applicable):	
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Expectations for Partnership

- In-person follow up on progress at board mtg
- Impact/thank you video for social media
- Volunteer for Booster Club fundraising