



Okemos Athletic Boosters

“BOOSTS” Funding Request Form

Mail form to: PO Box 57; Okemos, MI 48805 or
Email this form and any pictures to **Wolves@OkemosAthleticBoosters.com**

Name or Team/Group: _____

Coach/Requesting Party: _____

Phone: _____ Email: _____

Amount of Request: _____ (Attach at least 2 quotes, if applicable)

Summary of Funding Request: _____

Is there a deadline for this need? Yes No If Yes, date needed by? _____

Describe the need and how the funds will be used: _____

Indicate all other sources of funding related to this specific need: _____

Requester's Signature: _____ Date: _____

OAB USE ONLY

Request Decision: Approved Denied Delayed Amount Approved: _____

Volunteer Commitment Required? Yes No If yes, indicate _____

Has Team/Group satisfactorily completed all previous Boost purchases/upgrades? Yes No

OAB Board Member Signature/Title: _____ Date: _____