

## Booster Club Funding Request Form

Please fill out and submit to Ryan Madden (ryan\_madden@needham.k12.ma.us) for review and processing

Date of request: \_\_\_\_\_

Team(s) making request: \_\_\_\_\_

Coach name: \_\_\_\_\_

Coach e-mail: \_\_\_\_\_

Describe item or activity to be funded:

Please identify the teams/athletes who will benefit from the funding request. Include approximate number of students who will benefit from the funds:

Is the team receiving funds from any other source (such as fundraising) to cover some of the costs? If so, how much? If not, please explain:

Team is requesting \$\_\_\_\_\_ from the Booster Club\*

Note: maximum team request is \$800. See Ryan Madden or your team's Booster Rep to understand other restrictions that may impact potential funding support for your team.

Contact information for Funds Recipient:

Name of person to receive funds:

Address where check is to be sent:

Email address/phone number in case of questions:

\*Teams seeking reimbursement should submit requests to Treasurer  
([NHSBoosters.treasurer@gmail.com](mailto:NHSBoosters.treasurer@gmail.com)) after purchase or event.

