

**Parke Heritage Booster Club
Request For Funding**

Date: _____

Name of Organization: _____

Description of Items to be Purchased or Attach Information:

Total Amount of Purchase: _____

Amount to be Paid by Organization: _____

Amount to be Paid by School: _____

Amount to be Paid by Athletic Department: _____

Amount Requested of Booster Club: _____

Date Amount Needed by: _____

Organization Representative **Date**

Athletic Director or Principal **Date**

Booster Club President **Date**