

Athletic Funds Request Form



Please fill out and return to:

Wendy Shipman
DSB President
P.O. Box 877
Dryden, NY 13053
- OR -
Drop off in the Athletic Office

(Date of the Booster Meeting that you will present your application.)

Date: _____

Attendance at the meeting is required.

Sport: _____

Amount Requested: _____

Requested By: _____

Title: _____

Phone Number: _____

e-mail: _____

Item(s)/Event to be Funded:

How will this benefit the Program:

When will the funds be needed:

- Team / Team representative involvement in **Dryden Sports Boosters** fundraising activities will be considered when funding decisions are made.
- All are encouraged to attend monthly meetings and get involved with the Dryden Sports Boosters.
- Once a funding request is approved, the requesting party will have 60 days to turn in receipts and/or have invoices paid.

For Office Use Only:

Signature

Date:

Approved by Athletic Department / AD:

Approved by Dryden Sports Boosters:

YES NO Date: _____

Check #: _____

Date Issued: _____

Check issued to: _____