

Athletic Funds Request Form



Please fill out and return to:

Eric Hicks
DSB President
P.O. Box 886
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: _____

Approved by Athletic Department / AD: _____

SIGNATURE

DATE

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 request is approved, the requesting party will have 60 days to turn in receipts and/or have invoices paid (unless there is an approved extension)

For Office Use Only:

Approved by Dryden Sports Boosters: YES NO Date: _____

Deadline to submit receipts/invoices Date: _____

Check #: _____ Amount: _____
Check issued to: _____ Date Issued: _____