

BOOSTER BOOSTER BOOSTER BOOSTER BOOSTER BOOSTER BOOSTER BOOSTER BOOSTER BOOSTER



SETON CATHOLIC BOOSTER CLUB  
Funds Request 2019-2020

**Requests must be made at least one (1) week BEFORE the Monthly Booster Meeting -->  
(HELD on the 3rd Wednesday of Every Month)**

**A representative must be present at the meeting for the request to be considered**

Date of Request: \_\_\_\_\_

Group/Activity Requesting Funds: \_\_\_\_\_

Individual Requesting Funds: \_\_\_\_\_  
(must be an Active Booster Member)

Amount Needed: \$ \_\_\_\_\_

Explanation of why funds are  
needed & how funds will be used: \_\_\_\_\_  
(please attach any/all bids if available)

Date \$ Needed: \_\_\_\_\_

Group/Activity Leader Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Administration Signature: \_\_\_\_\_  
(either President or Principal - to verify request is not a budgeted item)

Date: \_\_\_\_\_

Booster Club Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Use Only

- Fund Request APPROVED
- Fund Request DECLINED

Funds disbursement to be handled by:

