

# Independence High School Athletic Booster Club Event/Fundraising Request

## REQUEST:

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

Location: \_\_\_\_\_

Sport: \_\_\_\_\_

Event/Fundraiser: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Income (estimated): \_\_\_\_\_

Expenses (estimated): \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

Purpose of the Event/Fundraiser: \_\_\_\_\_

Signature: \_\_\_\_\_

## APPROVAL

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

IHS ABC: \_\_\_\_\_

IHS ABC: \_\_\_\_\_

## Results To Be Completed by Sport (signature or other responsible adult required for information regarding results)

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

Income (actual): \_\_\_\_\_

Expenses (actual): \_\_\_\_\_

Signature: \_\_\_\_\_

