



Albany Booster Club Funding Request for 2011-2012 School Year

School _____ Date _____

Contact Person _____ Phone _____

Event _____

Purpose of Event _____

Explain how the event relates to the Albany School District and who benefits from the event:

Financial Request \$ _____ Date Needed _____

Check made payable to: _____

Send check to: _____

All events financed through the ***Albany Booster Club*** will require a written request, a timely submission of 30 days prior to the request and a commitment to participate in Booster Club fundraising activities. Failure to submit the request 30 days prior to the date funds are needed may result in denial of the request. The ABC Board will review all financial requests and approve based on:

1. Appropriateness of financial request. (Please check with your Department Supervisor for available budgeted funds before submitting your request.)

Signature of Department Supervisor _____

2. Availability of funds

3. Priority based on need

4. History of prior requests per club/sport/group

5. ***How will you and your group/club help the Albany Booster Club raise funds?***

Mail your request to: Albany Booster Club, PO Box 8881, Albany, NY 12208
Thank you in advance for your continued support for the Albany Booster Club