

CHATFIELD BOOSTER CLUB REQUEST FOR FUNDS

Organization name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Name _____ Contact e-mail: _____

AMOUNT REQUESTED: _____

DESCRIPTION of PROJECT

Briefly describe the project, how the funds from the Booster Club will be used and date needed:

What is the total cost of the project?

How will you raise additional funds?

How long have you been raising funds for this project/

Has the project begun?

If so, what has been completed and what is the schedule?

If not, when will it begin and what is the schedule?

What is the benefit of these funds and what will the impact create?

Do you operate a program/team? Name of program/team _____

If so, how long has the program/team been in existence? _____

How many participants in your program? _____

How many teams/groups are involved in this program? _____

What is the age level of program/team members? _____

Does a Board of Directors govern your program? _____

If so, what financial support do they contribute? _____

Please list the names of all other organizations/individuals being solicited for funds for this project as well as amounts requested:

There are a number of projects that help finance the Booster Club. Would you/your group be willing to volunteer for some of these projects? If so, please indicate if you would be willing to volunteer during Western Days.

Send completed application to:

CHATFIELD BOOSTER CLUB

Steven D. Rowland
22196 County Rd. 2
Chatfield, MN 55923

Home: 867-3184 Cell: 273-3546 Work: 867-4355