



Funding Request Form

Name of organization: _____

Name of person making request: _____

Phone: _____

Please give a detailed explanation of how this donation is to be used and who will use it. Attach all quotes you have for equipment, uniforms, etc. Please consider sharing at a future membership meeting how this support benefited your youth group.

Amount Requested: _____

If your request is approved, a check will be written to your organization:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE CONTACT US IF YOU WOULD LIKE TO KNOW ABOUT FUNDRAISING OPPORTUNITIES WITH THE BOOSTERS!

Please note: This form must be received by our President-Elect at the above address no later than the first of the month in order to be considered at the membership meeting the third Wednesday of the month.

Thank You

Columbia Heights Athletic Boosters
763-706-3743
chathleticboosters@gmail.com