



**Kettle Moraine High School Booster Club**  
**349 Oak Crest Drive, Wales, WI 53214**

## REQUEST FOR FUNDS

Request Date:

Date Funds Needed By:

Sport / Event Requesting Funding:

Coach Requesting Funding:

Coach Contact Information: Cell# \_\_\_\_\_  
 Email \_\_\_\_\_

Check Payable To:

Total Amount Requested:

Amount Approved:

Item Description	Quantity	Unit Price	Total Price <sup>1</sup>	Priority <sup>2</sup>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>TOTALS</b>				

<sup>1</sup>Include taxes and shipping where appropriate. <sup>2</sup>Number 1 through 10; 1 being the most important etc.

Coaches: Please complete page 2 of this form to assist us in better understanding the need for this request and to help us prioritize our funding approvals. This MUST be complete in order for your request to be considered.

***Submit your 'Request For Funds' to the Athletic Director for initial review.***

YOUR REQUEST WILL THEN BE FORWARDED TO THE BOOSTER CLUB FOR REVIEW. ALL REQUESTS ARE REVIEWED AT REGULAR MEETINGS HELD THE 2<sup>ND</sup> WEDNESDAY OF THE MONTH. COACHES MAKING REQUESTS ARE REQUIRED TO BE IN ATTENDANCE TO PRESENT THEIR REQUEST, OTHERWISE THE REQUEST WILL NOT BE CONSIDERED.

**KMHS Booster Club use only**

Approvals

Athletic Director \_\_\_\_\_

KMHS Booster Club \_\_\_\_\_

1. Describe the need of Booster Club funding for your requested item(s).
2. Will the item(s) requested be utilized for other sports? If so, which ones?
3. List any fundraisers your sport plans to run and/or fundraisers that have been completed to help offset costs. Be specific.
4. When was the last time Booster Club funding was received for this item(s)?
5. For the past 12 months describe your sports volunteer efforts within the KM Athletic Booster Club.
6. If the item(s) being requested are replacements for current item(s), how old are those items being replaced?
7. Can the item(s) being replaced be put to use elsewhere? If so, where?
8. Describe how the requested item(s) will enhance the performance of your athletes.
9. Describe of the requested item(s) will enhance field of play.
10. Where will the item(s) be stored?
11. If your sport is a co-op with other schools, how much funding are the other schools contributing to the purchase of this item(s)?
12. Is your team sanctioned by WIAA? If not, do you fall under Community Ed?