***Helix Booster Club***

***Request for Funds***

Date:

Name:

Organization:

Address:

City State Zip:

Amount Requested

Total Cost of Event (camp, trip, sport fee, etc.)

Brief Description of Event and Funding Need:

*The Helix Booster Club REQUIRES proof of payment, i.e. receipt statement etc, before request will be approved and/or payment issued.*

Signature of Representative

Make Check Payable to:

Address (if other than listed above)

***For Official Booster Club Use Only***

Approved Denied Date

Amount Approved

 Signature of Booster Club Representative

Paid – Check #

Date