

Thousand Islands Booster Club
Request for Funds

Name of Sport or Activity: _____

Contact Person Name: _____

Phone: _____

Address: _____

Email: _____

Amount Requested: _____

Have you received funds from other sources? Yes No

If yes, please list sources and amounts: _____

Reason for request: _____

Athletic Director: _____ Date: _____

Coach/Advisor: _____ Date: _____

The Request for Funds from the TI Booster Club must be received thirty (30) days prior to your scheduled event or for the payment above.