

Lakeview Booster Club Request for Funding

Lakeview Staff/Coach/Community Member Requesting Funding: _____

Date When Funding Is Needed: _____

Amount of Funding Needed: _____

Total Amount of Project: _____

District Funding Budgeted to Project: _____

Requests to any other organization: _____

Description of Project: _____

Make Check Payable to: _____

Send or Give check to: _____

Administration Notes and signature: _____

Please mail this form to:
Lakeview Booster Club
PO Box 364
Cottonwood, MN 56229

Date approved: _____

Date Denied: _____

Amount of Funding Approved: _____

Booster Club _____ **Charitable Gambling** _____