

Plainwell Band Boosters
Request for Booster assistance form

Date of request: _____

Student Name: _____

Grade: _____ Instrument(s) you play: _____

Parent's Name: _____

Phone: _____

E-mail: _____

Reason for your request: _____

Amount requested: _____

Who should the check be made out to? _____

Have you volunteered at a concession stand event in this school calendar year? _____

Please list the band events that you have volunteered your time for along with any events that you have provided requested donations for.

Please describe any fundraising you have done to help offset the cost of this expenditure:

Please provide any additional information you feel would be beneficial in helping us determine our grant of your request.

i.e. volunteering time and financial issues:

Information below this line is to be completed by the Directors and Band Booster Executive Committee:

Director's comment:

Executive Board's comments:

Approved _____

Not Approved: _____

