

Kamiak Athletic Booster Club

Grant Request for KABC Funds

Date: _____ Sport/Team: _____

Coach's Name: _____

Phone: (____) _____ Email: _____

Number of Students Benefiting from Request: _____

Please Circle all that Apply: JV Varsity C-Team Boys Girls Amount of this Grant Request:

\$ _____ If Applicable, Total Amount of

Item(s) being Purchased: \$ _____ How will the funds be used?

Please explain:

Please attach invoice or bid from supplier. Fund requests cannot be considered unless invoices or bids are attached. Please allow up to 2 months to process.

Is there any other source of funds? _____ If yes, what? _____

Current available ASB Funds for your sport \$ _____

Has this request been submitted to the School District? _____

If yes, what was its response? _____

Comments/Notes:

Please place completed form, along with invoices, in the KABC mailbox in the Kamiak main office or email to treasurer@kamiakathleticbooster.org Requests over \$1,000 require membership vote for approval.

Questions? Contact treasurer@kamiakathleticbooster.org