

**Beresford Athletic Booster Club, Inc.**  
**Request For Funds Form**

**Date:**

**Individual or Group requesting:**

**Amount requested:**

**Reason for request:**

**Date funds needed by:**

**Any matching funds?**

**Were funds denied by school?**

**Have you requested funds from any other group or club?**

**Beresford Booster Club approval:    yes    no    Date:**

**Approved by:** \_\_\_\_\_  
(Club officer/Committee Chair)

**Reason for approval or not:**

**Pay To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Charge To:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Check Number:** \_\_\_\_\_

**\*\* Please attach invoice\*\***