

Bronc Booster Group Funds Request

Date: _____ School Year: _____

Name of Group: _____

Group Advisor: _____

Contact Phone Number for Advisor: _____

Funds requested from Bronc Boosters will be used for: _____

Other sources of money or fundraisers completed by this group:

Has your group or advisor been involved in concessions and any other Bronc Booster activities (for example fair booth): _____

If yes, what were they? _____

Amount requested from Bronc Boosters (exact amount including tax and shipping cannot exceed \$500) _____

Please staple a copy of the invoice to this application. Funds cannot be dispersed without an invoice.