Audubon Wheelers Sports Booster

Funding Guidelines

This form may be used by any Audubon High School student, student group, coach, faculty member, or administrator who is requesting financial support. This form should be completed and submitted to the Athletic Director and/or Superintendent and then to the Booster Club. The Booster Club will then consider and vote on the application.

Funds requested must be submitted on provided form. Extra attached information is appreciated.

If an individual requests assistance, they must have a supervisor’s signature.

All funding commitments and requests are subject to the availability of funds in the Booster Club account and budget. There is a maximum of $100 per athlete per sport per fiscal year.

Submit prior to Booster Club meeting and/or present in person @ Booster meeting.

If funds are not used due to injury, emergency, cancellation or lower costs than anticipated, the unused funds shall be returned to the Booster Club.

The Booster Club will adhere to all district policies according to the student handbook.

Funds set aside for the July 1st- June 30th school year will be $2500 dollars for camps/clinics.

Amended 3/15/2013

 Audubon All Sports Booster Club 

Camp/Clinic Request Form

Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp/Clinic Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp/Clinic Dates & Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp/Clinic Focus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp/Clinic Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requesting ($):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp/Clinic Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster Club Info Only:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Request Approved \_\_\_\_\_\_\_\_Request Denied

Action Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President of Booster Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Athletic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_