



FUND REQUEST FORM

FUND REQUEST DATES

May 31	Fall Sports – Cross Country, Football, Golf , Soccer , Field Hockey, Volleyball, Cheerleading
October 31	Winter Sports – Basketball, Gymnastics, Wrestling, Indoor Track, Swimming, Hockey
February 28	Spring Sports – Baseball, Lacrosse, Softball, Tennis, Track & Field

Forms must be completed in full and then forwarded to the Athletic Director prior to submission to Norwell Boosters. A coach or representative of the team is encouraged to attend the meeting to present their request for funds. Below is a listing of the Norwell Boosters' funding guidelines:

ITEMS TYPICALLY CONSIDERED <ul style="list-style-type: none"> ▪ Training equipment (to support coaches) ▪ Warm ups ▪ Gym bags ▪ Facilities signage and small improvements ▪ Refreshment centers ▪ Spirit buses ▪ Training equipment (to support trainer) ▪ Championship acknowledgements 	ITEMS NOT TYPICALLY COVERED <ul style="list-style-type: none"> ▪ Uniforms ▪ Sports basics (balls, bats, pons, etc...) ▪ Basic facility items (fences, goals, fields, etc...) ▪ Large ticket items (i.e., capital funding) ▪ Coaches' salaries
Sport/Team Requesting and Item Requested:	Athletic Director Rank of Request 1-5; 5 Most Definitely Needed
Reason for need and how it will help your program:	
Reason for Seeking Norwell Boosters Support:	
Other Sports/Teams to Share/Use Item:	

REQUEST WORKSHEET

A. Purchase Options – Please indicate pricing from three separate vendors (attach supporting materials to this form) <i>Please provide pricing from three sources and indicate your preferred source/price in the grey shaded "Recommended Option Amount" box.</i>			
Option #1	Option #2	Option #3	Recommended Option Amount:
B. Team Contribution/Fundraising – Please describe how the team will work with the Boosters to raise funds for this purchase			

Total amount requested <i>(Valid 60 days from Approval)</i>		\$
_____	_____	
Coach Signature	Date	
_____	_____	
Athletic Director Signature	Date	
_____	_____	

Norwell Boosters Use Only –

Approved: YES or NO Reason _____

Amount Approved: \$_____ Check# _____ Date Issued _____

Check written to: AD__ General Fund__ Vendor __