



LNC Athletic Booster Club
Request for Funding
Winter 10/15, Spring 12/15, Fall 5/15



Date Requested:

Name:

Team / Club:

Amount Requested:

Description of Request:

Athletic Director: _____ **Date** _____

Booster Club President Approval: _____ **Date** _____

Athletic Booster Club Meeting Results:

(Circle one) **Approved / Denied** **Date** _____

Account used to fund request:

Team _____ **Discretionary Acct** _____ **Other** _____