

KEYSTONE BOOSTER CLUB REQUEST FOR PURCHASE

Date:	Name of Booster Club:
Name of person making request (printed):	Signature:
Phone #:	Email address:
Items requested (attach photos, catalog description, invoice, etc):	
Reason for request:	
Total cost of item(s) requested:	\$ Amount Booster Club is providing towards purchase:
Link to website of requested item(s):	
Booster Club President's signature:	Date:

Student Activities/Athletic Department use ONLY	
Date submitted:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Comments/Conditions:	
Signature of Athletic Director/Principal/Superintendent:	