

## KEYSTONE BOOSTER CLUB REQUEST FOR PURCHASE

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

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