

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:	Head Coach/Advisor'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 & Date:	