

Application for Support Rhineland Athletic Booster Club (ABC)

All organizations/groups requesting any type of support from the ABC must fill out this application. The request will be considered at the regular meeting of the Board of Directors the month after it is received. An individual representing the group must be present at that meeting to answer any questions.

Date (m/d/y): _____

Organization: _____

Representative(s): _____

Your relationship to group: _____

Contact Information

Mailing Address: _____

Phone: _____

Email: _____

Request: (if monetary, be specific with supporting documentation)

Why are you requesting ABC support?

Date needed: _____

Fundraising

Have you done any? _____

Describe: _____

Amount Raised: _____

Spent on What? _____

Organization Budget:

Annual Budget: _____

Current Balance: _____

Source of Funds: _____

Uniform Requests: If asking for equipment that is taken home by athletes, describe your procedures that minimize/eliminate loss:

In what way will you report to us how your organization used the ABC support?

Approximately how many of your members are ABC members? _____

Will members of your organization be willing to volunteer time to help the ABC in its fundraising endeavors (e.g. golf outing)? _____

Contact person(s) to access those volunteers: _____

If your organization has an affiliation with the School District of Rhinelander, have the Athletic Director of the appropriate level (K-5, 6-8, 9-12) sign this application here:

AD Signature

Submit application to:

Athletic Booster Club
Application for Support
PO Box 444
Rhinelander WI 54501-444

ABC Use

_____ Approved _____ Disapproved _____ Approved with Modifications

President's Signature

Date