

FUNDS REQUEST FORM

For your fund request to be considered, email to Richelle Riley at rriley@gardiner.org, or mail to Gardiner Bruin Booster Club • PO Box 647 Gardiner, MT 59030

EXTRA-CURRICULAR CONTACT NAME:	
PHONE:	E-mail:
EXTRA-CURRICULAR ACTIVIT	
	e submitted to the Gardiner Bruin Booster Club at least 4 days
ESTIMATED COST:	DATE SUBMITTED:
AMOUNT REQUESTED:	
DESCRIPTION OF ITEM/PURF	POSE FOR FUNDING:
	FOR PURCHASE:
ARE THERE ANY SCHOOL BU	JDGETED FUNDS: YES / NO
Signature:	Date Submitted: