

NORSEMEN BOOSTER CLUB PROGRAM SUPPORT REQUEST

Any WAHS co-curricular activity or athletic program that requests and receives a financial donation from the Norsemen Booster Club will be expected to volunteer workers at a future booster club fundraising event.

Name of program/team/organization requesting funds:

Contact Information:

Name: _____

Email: _____

Phone Number: _____

Amount of requested:

How funds will be used if request is granted:

How many WASD students will be impacted by support request:

Any other information that you feel is important for us know about your request:

Please send completed request form to: *norsemen.booster.club@gmail.com*