

DUGOUT CLUB, Inc.

FUNDS REQUEST FORM

Name of team or organization:		
League or Confe	rence:	
Request Amount:		
Purpose:		
	200	league schedule for the coming season. ation that may support your request.
Send this request t bjtowns5@hotmai	to president of the Dugout	Club, Ben Towns, at
Contact person for	r the party submitting this	request:
Name		Phone No:
Address		
Email Address		
**If approved:	•	Sporting Goods OR
Signatu	ure	Date