Gridley High School
Parents Club

General Information

Date Submitted:	**Date Funds are Needed:**	
Club/Team/Group Name:		
Coach/Advisor Name:	**Phone:**	**Email:**

Request Information

Budget *(Please list below or on a separate sheet)*	**Requested Amount:**	**Amount in ASB Fund:**
Items/Vendor:	**Amount:**	
TOTAL:		

Reason(s) for Request:

Gridley High School
Parents Club

How have you supported Boosters previously?
Last football season we manned and ran the snack bar.

How will you support Boosters this year?
We will continue to help man and run snack bars.

Signatures/Approval

Coach/Advisor Signature:		
Booster Action: **Approved/Denied**	**Date:**	**Amount Approved:**
Comments:		

For Internal Use		
Check #	**Date Issued**	**Date Cleared**