| FOR BOOSTERS USE     Date Request Received:  |              |
|--|--------------|
| Approved Denied Response Letter Sent/Date Sent:  |              |
| Reason for Denial:   |              |
| Ridgefield Boosters Signature:   | Date:        |
| To be completed by Parent Group or RHS or RSD (staff, administration, e opportunity(ies) otherwise not funded or fully funded by RSD or RHS. Re                |              |
| REQUESTOR INFORMATION:   |              |
| Parent Group / Staff Member Name:  | Date:        |
| Parent Group or Class:   |              |
| <b>REQUEST DETAILS / SPECIFICS</b> : (must attach two comparison pricing state   | ements)      |
| Quantity Description of Item   | Unit Cost    |
|  |              |
| REASON FOR REQUEST:  |              |
| How many students will benefit from this request and how?  |              |
|  |              |
| PARTNERSHIP FUNDING SOURCES: The Ridgefield Boosters encourages the support and partnership of multiple resources.   |              |
| Have other funding sources been contacted for this request? What was the outcome of the request?   |              |
| RHS Building RHS Principal Boosters Grant RHS Athletic Director Boosters Grant RHS Counselor Boosters Grant  |              |
| RHS ASB RSD Parent Group Account Parent Group Activity/Fundraiser Ridgefield Public Schools Foundation   |              |
| Ridgefield Lion's Club Other   |              |
| PARENT GROUP COMMITMENT: As per the Parent Group Commitment to the Ridgefield Boosters, answer the following:  |              |
| Have you encouraged Boosters participation and membership from parents, family, staff, etc.?   |              |
| Are you a current member of the Ridgefield Boosters?   |              |
| Are you on track to complete your 3 Boosters concessions shifts for  | r this year? |
| AUTHORIZATION: Request must be authorized and signed by ALL of the following:  ① Parent Group Coach/Advisor  ② Parent Group Representative  ③RHS Administrator |              |
| I have received, reviewed and approved this grant / funding re   | equest,      |
| Parent Group Representative Signature:   | Date:        |
| Parent Group Coach/Advisor Signature:  | Date:        |
| RHS Administration Signature:  | Date:        |
| Return completed form one of three ways:  ① Ridgefield Boosters Box located in the RHS Athletic Office   |              |

## QUESTIONS?

② US Mail at P.O. Box 129, Ridgefield, WA 98642

3 Scanned Copies accepted in addition to submission of original documents.

- > Debbie McGravey, Ridgefield Boosters President 360.719.0402 Or email <a href="mailto:rhsboosterpresident@gmail.com">rhsboosterpresident@gmail.com</a>
- Misty Harrison, Ridgefield Boosters Vice-President 360.606.7969 Or email at misty.harrison@gmail.com