KEYSTONE BOOSTER CLUB REQUEST FOR PURCHASE

Date:	Name of Booster Club:		
			1
Name of person making request (printed):		Signature:	
Traine or person manning requires (printed a).		3	
Phone #:		Email address:	
Items requested (attach photos, catalog description, invoice, etc.):			
Reason for request:			
Total cost of item(s) requested:		\$ amount Booster Club is providing towards	
		purchase:	
Link to we beits of nonvented item(s).			
Link to website of requested item(s):			
Booster Club President's Signature & Date:		Head Coach/Ad	visor's Signature & Date:
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Student Activities/Athletic Department use ONLY			
Date submitted:		Approved	
		Denied	_
Comments/Conditions:			
Signature of Athletic Director/Principal/Superintendent & Date:			
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