



RSU #25 All-Activities Booster Club

Request for Funding

Date of request: _____

Group Requesting: _____

School served: Bucksport High School Bucksport Middle School

Amount Requested: \$ _____

Date Amt. Needed: _____

Reason for Request: _____

Requesting Officer

Your Name: _____

Title: _____

Email: _____

Telephone: _____

Please bring this completed form to a Booster Club meeting to present your request.