**Okanogan Athletic Booster Club (OABC)**

**Proposal Request**

**Requests of any nature to the OABC should be made by completing the following information on**

**the request proposal form below by the head coach. Incomplete request forms will not be eligible for funding. All requests must be presented at a meeting by the head coach and quote must accompany the request.**

**Note- Items purchased with this grant become property of Okanogan High School athletic programs.**

**Forms may be returned to any OABC Board Member or mailed to OABC. Requests will be on a first come-first served basis and approved/denied at the monthly OABC Board Meeting (every 2nd Wed. of the month excluding June & July).**

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Request $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many student athletes in your program will this request benefit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coach making request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletic Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a current OABC Member? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**What fundraising has your program done for this current year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the current balance of your ASB Club Account? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would your program be willing to volunteer time to the OABC? Yes No**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Detailed proposal and purpose of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Mail or email request to:**

 **Okanogan Athletic Booster Club Email: oabc2008@hotmail.com**

 **P.O. Box 764**

 **Okanogan, WA 98840**

**Board of Directors:**

 **President – Craig Nelson**

 **Vice President – Chris Wood**

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 **Treasurer – Tara Serles**

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