

# Lone Tree Athletic Boosters

## Request for Assistance Form

### **Our Goal:**

The Lone Tree Athletic Booster (LTAB) organization is here to support your sport/team and the Lone Tree athletic programs in any way possible. Generally, this involves financial support to teams including the funding or co-funding of uniforms, equipment and services that otherwise could not be obtained.

### **Coaches/Sponsors:**

The LTAB would like to thank you for your commitment to coaching our student athletes at Lone Tree Community School. We realize how much work and dedication this takes on your part, and we are committed to providing you with the support your team needs. In an effort to have our group run in an organized manner, and to be fair to all sports/teams seeking our assistance, we would like all requests to be made on a Request for Assistance Form, which is attached.

Financial requests can be submitted for uniforms, equipment requests, tournament needs and non-personalized team items. Requests for other needs will be given consideration with proper supporting information.

### **Team Support & Request Procedure:**

1. Please make your request on the attached Request for Funds Form. Additional forms are available by downloading a copy from the school website through the Lone Tree Athletic Boosters.
2. Please complete the form in its entirety, and make only one request per form. If you have additional requests, please complete additional forms. If you are submitting more than one request at a time, please prioritize your requests so we know what you are most in need of, at the time. All requests must be signed by the Head Coach.
3. Prior purchasing any team uniforms, all designs (color, logos, etc) must be approved by the Athletic Director to ensure conformity to the Lone Tree School Policy.
4. Please submit your request to a Lone Tree Athletic Booster Committee Member for review, or leave it at the mailbox in the LT School Elementary Office. Committee Members are Laura Miller, Kyhl Schmidt, Lois Dodson, Carmen Krueger, Tiffany Yoder or Deb Westfall.
5. Since there may be questions or additional information needed, we would prefer that the requesting coach attend the next scheduled athletic booster meeting to answer any inquiries.

### **What we ask:**

The Booster Organization is run by volunteers who donate their time and talents. These volunteers do whatever is needed throughout the year to make this organization run smoothly. All we ask of you in return is:

- Please encourage parents to join. If you have a pre-season parent/orientation meeting, please contact us so that we may have a representative present. Please remind them that every dollar we net goes to support the student athletes.
- Have coaches attend our meetings, whenever possible. We seek your input and suggestions....and in turn you will be informed as to our efforts and priorities.
- We really need the coaches to support our Strength & Conditioning Showcase fundraiser. This is the only fundraiser activity for our organization. There are no sales involved - just coaches, athletes, parents, alumni and community working collaboratively for our athletes.

**Thank you and have a great season!!**

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## Application for Assistance

Date: \_\_\_\_\_ Requesting Team: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Request (attach another page if more room is needed):

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If this is an equipment request, could this purchase also be utilized by another sport or team? Yes No  
If yes, what other areas would you anticipate using item? \_\_\_\_\_  
Would you be open to the idea of buying a quality used item, or would only a new item meet your needs?

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Estimated Cost of the Request: \_\_\_\_\_

Please describe where pricing and supply sources were obtained and attach supporting documents, when feasible. (If you have not checked with any vendors, and would like the booster organization to assist you, please indicate that as well): \_\_\_\_\_

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Source of Information #1: \_\_\_\_\_

Source of Information #2: \_\_\_\_\_

Has a request for financial assistance been made through the school athletic budget: Yes No

If yes, please describe the response: \_\_\_\_\_

Do you need this request by a specific date: Yes No If Yes, when? \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

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For LTAB Use: Amount Approved: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Check or Purchase Order Reference Number: \_\_\_\_\_