

# Application for Support



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # & EMAIL \_\_\_\_\_

AFFILIATION WITH BANGOR AREA WRESTLING (IF APPLICABLE)

\_\_\_\_\_  
\_\_\_\_\_

PURPOSE (WHAT DO YOU WANT THE DONATION USED FOR)

\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL AMOUNT/ EQUIPMENT/COACH RESOURCES REQUESTED

\_\_\_\_\_  
\_\_\_\_\_

PROJECTED NUMBER OF ATHLETES IMPACTED

\_\_\_\_\_

HOW DOES THIS REQUEST ALIGN WITH THE MISSION OF BANGOR AREA WRESTLING

\_\_\_\_\_  
\_\_\_\_\_  
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ORGANIZATIONAL USE ONLY

NOTES FROM REVIEW BY EXECUTIVE COMMITTEE

\_\_\_\_\_  
\_\_\_\_\_

DATE MEMBERS VOTED \_\_\_\_\_

APPROVED YES/NO