

G.R.O.W.L. TEAM GRANT REQUEST

Name of Requesting Coach \_\_\_\_\_ Sport \_\_\_\_\_

Name of item/items requested \_\_\_\_\_  
(Attach paperwork or submit a URL showing details of item requested.)

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Total Cost of Item/s \_\_\_\_\_

GROWL will share 1/3 the cost of the item(s). List the shared sources of income:

ASB      TEAM FUNDS      OTHER: \_\_\_\_\_

Describe the ways in which this item(s) will benefit your student athletes and team, and possibly other teams:

How will you promote GROWL's donation of the item(s) during the school year?

How will you promote GROWL and it's benefits to student athletes during your season?

Describe your team's level of participation in the annual GROWL event:

(Please submit written request to John Amidon at 3813 Foxtail Ct SE Olympia 98501. Request will be reviewed by the GROWL Board in a timely manner.)