

Castor Valley Elementary School Council

REQUEST FOR FUNDS FORM 2016-2017

(Please complete all fields)

The request will be considered for approval at the next Council meeting.

Name of Applicant:

Position (please check one): **Teacher/Staff** **Parent**

Phone No: **or Email:**

Brief Summary of Request:

Projected School Population Involved:

Duration of Project:

Estimated Cost/Student:

Item(s)	Quantity	Total Cost (Incl. HST, S&H, etc.)

Additional Comments:

Please place completed forms in the Council mailbox or email to Tina at twclarmo@live.ca by Tuesday October 18th, 2016. Thank you!