



CLUB DONATION FORM



DATE (S): _____ VALUE \$ _____

ORGANIZATION: _____

HOURS IN USE: _____

CONTACT PERSON (S): _____ TELEPHONE: _____

CONTACT PERSON (S): _____ TELEPHONE: _____

FACILITIES REQUESTED: _____

APPROVAL BY: _____ DATE: _____

UPON COMPLETION, PLACE IN CLUB DONATION FILE



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