**Armada High School Athletic Boosters Request Form**

**THIS PORTION OF THE FORM TO BE COMPLETED BY THE COACH/TEAM REP**

Coach’s Name: Date:

Email Address:

Phone #:

Sport:

Amount Requested:

Provide a description of the request and the number of athletes on your team. Include a minimum of 2 quotes(for purchases over $100) for Booster Club review:

What other forms of funding have you considered or completed?

Coach’s Signature: Date:

**THIS PORTION OF THE FORM TO BE COMPLETED BY THE ATHLETIC DIRECTOR**

Please read this request and provide any comments on why the Athletic Department cannot fund this request.

Athletic Director Signature: Date:

**THIS PORTION TO BE COMPLETED BY THE ARMADA ATHLETIC BOOSTERS**

Date of Request:

Date of Approval/Denial:

Discussion (does request meet guidelines for funding):

Contingencies, if any, prior to funding:

Executive Board Approval:

Print Name:

Date and name of coach provided with approval/denial:

Booster President Signature: