



**Comstock Park Public Schools
Athletic Department/Athletic Boosters
Funding/Equipment Request**

Date of request:

Sport/Level:

Coach:

Item(s) Requested:

Justification:

Anticipated Cost:

Other funding source(s):

Date Needed:

Coaches Signature: _____

____ Approved ____ Denied

Treasurer/President _____ Date _____

Athletic Director _____ Date _____