

GHS Athletic Boosters Coaches Request Form

Coaches Name: _____ Date: _____

Sport: _____

Number of Athletes (Var, JV, Frosh if applicable): _____

Request(ed) Item(s): _____

**The GHS Athletic Boosters would like to coach to make a presentation to the board about the request for the item(s). Please attend the next board meeting. We meet once a month (first Tuesday of the month) at 6 p.m., in the HS Athletic Conference Room. **

Two (2) quotes must accompany this request. The lowest bid may not be the vendor chosen.

Quote #1 Amount Per Item: _____ Total Amount: _____

Business: _____

Contact: _____

Email: _____

Phone: _____

Quote #2 Amount Per Item: _____ Total Amount: _____

Business: _____

Contact: _____

Email: _____

Phone: _____

Coach's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

Athletic Boosters:	President	Yes _____	No _____	Initials _____
	Vice-President	Yes _____	No _____	Initials _____
	Treasurer	Yes _____	No _____	Initials _____
	Secretary	Yes _____	No _____	Initials _____