

Armada High School Athletic Boosters Request Form

THIS PORTION TO BE COMPLETED BY COACH/TEAM REPRESENTATIVE

Coach's Name: _____ Date: _____
Contract Information: _____
Email Address: _____
Phone #: _____
Sport: _____
Amount Requested: _____

Provide description of the request and the number of athletes on your team.
Include a minimum of two quotes for Booster Club review:

Coach's Signature: _____ Date: _____

THIS PORTION TO BE COMPLETED BY THE ATHLETIC DIRECTOR

Please read this request and provide any comments you feel necessary to assist Booster Club review:

Comments:

Athlete Director Signature: _____ Date: _____

THIS PORTION TO BE COMPLETED BY BOOSTER CLUB

Date of Request: _____

Date of Approval/denial: _____

Discussion: _____
(Does request meet guidelines for funding)

Contingencies if any prior to funding's:

Executive Board Approval: _____

Print Name: _____

Date and Name of coach provided with
approval/denial: _____

Booster President Signature: _____
