



## Request for Funds

Date	Team	Coach
Team Season <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Phone	
Number of Athletes Participating	Email	

**Item Requested:**                      Attach Photos, catalog description, invoice, etc.

Current Year ASB Allocation            \$	Total Cost of Item(s) requested    \$
Balance in Team Trust Account        \$	Amount Requested                      \$
Year-to-date Fundraisers              \$	Percent of Total Cost Requested                      %
Planned Fundraisers                    \$	Request more than 50% <input type="checkbox"/> No <input type="checkbox"/> Yes

**If Request is more than 50% of Total Cost, please explain**

Booster Club Use	
Date Presented	Amount Approved    \$
<p>Board Comments/Conditions</p> <p style="text-align: center;"> <input type="checkbox"/> Majority Vote                                <input type="checkbox"/> 2/3 or Greater                                <input type="checkbox"/> Not Approved         </p>	