

# BEACHWOOD ATHLETIC BOOSTERS REQUEST FOR BOOSTER - "GENERAL FUNDS"

This form is to be completed by Head Coach and the Booster Parent Team Representative and submitted to Ryan Peters, who will submit it to the Booster Board for consideration.

Dated Prepared: \_\_\_\_\_ Team: \_\_\_\_\_

Head Coach: \_\_\_\_\_  
(Full Name) (Cell Phone Number)

Email Address: \_\_\_\_\_

Booster Parent Team Representative: \_\_\_\_\_  
(Full Name) (Cell Phone Number)

Email Address: \_\_\_\_\_

Item(s) being Requested: \_\_\_\_\_

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Attach supporting documentation and estimates/quote.

Vendor(s) and Mailing Address & Contact Information: \_\_\_\_\_

\_\_\_\_\_

If request is granted, the Booster Disbursement Check should be made Payable to: (Check Appropriate line)

\_\_\_\_\_ Vendor \_\_\_\_\_ Booster Parent Team Representative \_\_\_\_\_ Head Coach

\_\_\_\_\_  
PRINT NAME - HEAD COACH

\_\_\_\_\_  
PRINT NAME - BOOSTER TEAM REP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

BELOW IS FOR BOOSTERS USE ONLY

APPROVED AMOUNT: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

PROOF OF PURCHASE RECEIVED: \_\_\_\_\_ DATE OF DISBURSEMENT CHECK: \_\_\_\_\_

DISBURSEMENT CHECK PAYABLE TO: \_\_\_\_\_

