



# BEACHWOOD ATHLETIC BOOSTERS TEAM FUNDS - REQUEST FORM

This form must be completed by the Head Coach & the Booster Parent Team Representative

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

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

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

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

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

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Account Balance: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Vendor/Contact Info. (If applicable): \_\_\_\_\_

Booster Disbursement Check to be made Payable to: (Check Appropriate line)

Vendor  Booster Parent Team Representative  Head Coach  Other

This form is being turned in to (Check person below) \*

Ryan Peters, Director of Athletics  Robert Marks, Booster Treasurer

\* ALL withdrawals are subject to approval of Ryan Peters & confirmation of available funds in your account.

We, the Head Coach & Booster Parent Team Representative, authorize & agree to these request for Team Funds.

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

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

Once approved the Director of Athletics will forward this document to the parent rep and Rob Marks for processing

BELOW IS FOR BOOSTERS USE ONLY

APPROVED BY RYAN PETERS: \_\_\_\_\_ DATE OF APPROVAL: \_\_\_\_\_

RECEIPT AMOUNT(S): \_\_\_\_\_ DATE OF DISBURSEMENT CHECK: \_\_\_\_\_

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

ENDING TEAM ACCOUNT BALANCE: \_\_\_\_\_