

COMMODORE BOOSTER CLUB REQUEST FORM
(See attached Guidelines)

Sport Season: FALL WINTER SPRING

Sport: _____

HS MS # athletes participating: _____

Your Name: _____ Date: _____

Specific Need(s): _____

Reason: _____

Amount: * _____
(attach estimate or quote if applicable)

Detail other funds you have raised for this need: _____

* *NOTE: Club Teams are limited to a maximum request of \$500.*

To all - please provide information to support your request and get AD approval before presenting to the Boosters. Requests will be discussed by the members present at the regular meeting, and will then be voted on by the Finance Committee. You will be timely notified of the outcome of your request.

**All coaches are encouraged to attend the
Boosters meeting to present your request.**

**REQUESTS SHOULD BE SUBMITTED BEFORE
OR DURING YOUR SPORT'S SEASON.**

Approved by AD: _____ initials _____ date

Approved by Finance Committee: yes no _____ initials _____ date