



# CHS ATHLETIC BOOSTERS REQUEST FOR FUNDS

**Directions:** Complete the form below and place in the Athletic Booster's Mail Box located in the office. Requests are picked up once a week from the Booster Mail Box and checks are cut once a week, payment for invoices will be mailed directly to the vendors and other requests for parents or coaches will be put in the team sport box in the Office at CHS.

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Date: \_\_\_\_\_ Head Coach/Booster Board Member: \_\_\_\_\_

Sports Program/Booster Request: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Purpose (Attach Receipts):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who should be contacted once the check is ready?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Head Coach's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's Approval: \_\_\_\_\_