



Coaches Request Form

Date: _____

Requestor(s): _____

Sport(s): _____

Number of Athletes Impacted _____

Item(s) Requested	
Purpose/Function	

List at least 2 vendors' bids per item, if possible

Vendor	Vendor Location	# of Item(s)	Cost

Return to Activities Director 7 days prior to Booster Club meeting.

Activities Director approval: _____ Date: _____

Booster Club approval: _____ Date: _____

Joint Funding	Percentage	Dollars
Athletic Department funds		
Booster Club funds		