



# WEST SPRINGFIELD ATHLETIC BOOSTER ACCOUNT WITHDRAWAL FORM

Date: \_\_\_\_\_ Team account to be debited: \_\_\_\_\_

Name of person making request(s): \_\_\_\_\_

Request(s)	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
Total Amount Requested	\$ _____

REFUND REQUEST: \_\_\_\_\_

**Signature of Head Coach Required**

Head coaches signature verifies the information above is correct

REFUND APPROVAL: \_\_\_\_\_

**Signature of DSA/ADSA**

\*Signature verifies the information on this sheet is correct\*

\*\*If you want a check mailed, please attach a stamped addressed envelope\*\*

\*\*\*RECEIPTS/INVOICES MUST BE ATTACHED TO THIS SHEET\*\*\*

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For Treasurer Use Only

Check# \_\_\_\_\_

Date Issued \_\_\_\_\_