

Flushing Athletic Department

Athletic Boosters

Request for Funds

Coaches MUST complete this form and submit the information to the Athletic Director before this request will be presented to the Athletic Booster’s Financial Steering Committee. Booster meetings are held the first Monday of every month at 7:30 in the high school Library. We encourage you to attend each meeting. Your continued presence is appreciated by Athletic Booster Organization.

PLEASE COMPLETE ALL INFORMATION:

 COACH’s NAME: Click here to enter text.

 SPORT: Click here to enter text.

 DATE SUBMITTED TO A/D: Click here to enter text.

 ITEM(s) REQUESTED: Click here to enter text.

 COST OF ITEM (Please attach quote): $Click here to enter text.

 VENDOR INFORMATION:

 Company Name: Click here to enter text.

 Company Address: Click here to enter text.

 Company Phone: Click here to enter text.

 Company Fax: Click here to enter text.

 Your Contact Person: Click here to enter text.

 APPROXIMATE AGE OF EQUIPMENT BEING REPLACED (if applicable): Click here to enter text.

For Office Use Only:

Date Rcvd by AD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Presented to Boosters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_NO Amount Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_