LOGAN-ROGERSVILLE ATHLETIC BOOSTER CLUB

REQUISITION FOR FUNDS

Sport:	Date of Request: [Date]
Head Coach:	Person Requesting Funds:
Balance in Requesting Sports School Athletic Account:	Amount Requesting:
List Your Specific Request:	
Do you have any additional information that could help the booster club make a decision on this request?	
What other resource for funds might you have available to you for this request if the booster club is unable to help?	

THE LR BOOSTER CLUB MEETS THE 2ND WEDNESDAY OF EACH MONTH AT 5:30 PM IN THE HIGH SCHOOL LIBRARY.

WE ENCOURAGE YOU, ALONG WITH YOUR PARENT REPRESENTATIVE TO ATTEND THE MEETING THAT THIS REQUEST IS PRESENTED. THAT WAY YOU CAN HAVE REPRESENTATION AND BE INVOLVED IN THE PROCESS OF THIS REQUEST. ALL COACHES AND THE PARENT REPRESENTATIVES ARE INVITED AND ENCOURAGED TO ATTEND ALL BOOSTER CLUB MEETINGS.

PLEASE RETURN YOUR COMPLETED REQUISITION FORM TO MR. SPURLIN IN THE ATHLETICS/ASSISTANT PRINCIPALS OFFICE

Requesting Coaches Signature _____ Date _____

Athletic Directors Signature of Approval _____ Date _____

Booster Club Approval Signature _____ Date _____