



# Troy Athens Athletic Boosters

## Fund Request Form\*

Team name:	
Date of request:	
Date funds are needed:	
Contact name:	Phone:
Email:	Fax:
*Please, submit 10 days prior to monthly meeting, held on the first Monday of the month. Please check one of the following:	
<input type="checkbox"/>	<b>This request will be considered for next year's budget and will be submitted before the June meeting.</b>
<input type="checkbox"/>	<b>Emergency request for funds and not a part of current annual budget.</b>

<b>Describe and itemize request</b> (attach any supporting documentation, i.e. price quotes/ product description to this form):
Estimated cost:

<b>Reason for request:</b>	
<b>Number of students impacted:</b>	
<b>Approvals</b>	
Coach:	Date:
Athletic Director:	Date:
Principal:	Date:
Please use the back of this form to describe how you will promote the boosters support.	