



Aiken High School All Sports Booster Club

Request for Funds

Team Requesting Funds: _____

Contact Person: _____ Date _____

E-mail: _____ Phone _____

Address: _____

General Purpose of Request: _____

Total Dollar Amount of Project: \$ _____

Amount of Funding from Other Sources: \$ _____ (Team Account etc.)

* Amount Requested from Booster Club General Fund \$ _____

Make Check Payable to: _____ Date Funds needed _____

Address: _____ Invoice Attached? _____

Head Coach Signature: _____ (Required)

Athletic Director Signature: _____ (Required only if over \$1,000)

*** Person or persons requesting funding from the Booster Club General Fund are required to attend the meeting of Athletic Booster Club to present their funding request in person. This will allow all questions to be answered prior to funding and will typically speed up processing of the request.**

Completed forms or questions concerning completion of the form may be emailed to aikenhighsports@gmail.com

Club Action Date _____

Approved _____ Declined _____ Hold For Later Consideration _____

Final Approved Amount \$ _____ / _____

AHSASBC Representative (s) _____

Check# _____ Date Check Sent _____