ST. VINCENT ST. MARY ATHLETIC BOOSTER CLUB

REQUEST FOR SUPPORT

Date:
Team Name:
Coach:
Amount Requested: $
Event or Use for Funding:
Date of Event:
Purpose/Description including number of student athletes involved in activity (please attached supporting documentation):

☐ This request is for a STVM team event or to support all players on the team.
☐ This is a STVM school approved event.

_____
Coach's signature

_____ _____
Approval of Athletic Director Date
(must be signed and submitted to Booster Club by AD)

To be completed by STVM Booster Club

_____ _____
Approval of St. Vincent St. Mary Date
Athletic Board (Chairman or President upon approval of Board members)

Amount Approved: $_____