



**Coal City Athletic Boosters
Shares Program
Request Form**

Today's Date: _____

Coach's Name: _____ Are you the head coach? Yes No

Sport you coach: _____

What level is this request for: *Varsity JV/Sophomore Freshmen Combine all levels*
(only head coach can authorize)

Description of item(s) requested:

Amount of request: \$ _____

Who is check payable to: _____

Who do we send the check to: _____

*Requests must be submitted by May 1st to the Athletic Director.

Approval Section:

Coach's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

***** (No request will be approved without the Athletic Director's signature.) *****

Athletic Boosters' Signature: _____ Date: _____

Receipt Received for Purchase: _____ Date: _____

***** (A receipt must be submitted to the Athletic Boosters for documentation purpose.) *****