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| --- |
| Graphical user interface, text  Description automatically generated |
| Request Funds Form |
| Coaches/Teams at CHS who request financial support must use this form. The form must be filled out completely or consideration will be delayed or denied. Requests should be placed in the Colchester Athletics Booster Association (CABA) mailbox or emailed to CHSCABA@gmail.com . CABA meets the 1st Wednesday of the Month and will discuss any requests at that time. Anyone is welcome to join and present their request in person, but it is not necessary to be present for approval. |
| Team Requesting Funds:       |
| Coach:       |
| Email:       | Phone Number:       |
| Date Requested:      |  |
| Additional Comments:      |
|   |
|  |   |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Items Requested | Quantity | Total Cost | Amount Requested From CABA | Amount Requested from A.D. | Amount Contributed by team |
|       |       | $      | $      | $      | $      |
|       |       | $      | $      | $      | $      |
|       |       | $      | $      | $      | $      |
|       |       | $      | $      | $      | $      |

 Allocation Process Procedure**:** Coach will submit this form to CABA, where we will discuss and vote on the request. ***If approved***, you will be ***required***to commit to specific fundraising obligations to be agreed upon by CABA. Once approved, checks will be allocated after fundraiser/donation commitment is decided. |
|  |
| Requesting Coach Signature:      |  | Date:       |
| Coach Name:       |  |
| (PLEASE PRINT) |
| Athletic Director Signature:       Date:      |

***THIS PORTION TO BE COMPLETED BY BOOSTER CLUB***

Does request meet guidelines for funding? \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraising commitment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approve** **[ ]  Reject****[ ]  Total Amount Contributed by CABA: $\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**