



Colchester Athletic Booster Association

Supporting Colchester High School Athletes

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: _____

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: _ _____