

Team Request Form



Coach's Name: _____

Date: ___/___/___

Check one of the Following:

- Tournament**
- Equipment**
- Event**
- Fundraiser**
- Other**

Amount Requested: _____

Request Details/Description: _____

Benefit to RCS Students: _____

Vendor payment Requirements:

Needed By: ___/___/___

School Administration Approval: (Name) _____ (Title) _____ (Date) _____

Boosters Club Board Acceptance (Name) _____ (Title) _____ (Date) _____

(Name) _____ (Title) _____ (Date) _____

(Chain of custody requires 2 signatures (President/VP/Treasurer))