



Twinsburg Athletic Booster Request for Equipment/Funds



Name: _____ Sport: _____ Date: _____

Quantity	Description	Price per unit	Total Price

Rationale:

Coach/Designee Signature _____ Date _____

Athletic Director:

Will Athletic Department purchase YES _____ NO _____

Reason: _____

Athletic Director _____ Date _____

Twinsburg Athletic Boosters:

Team Booster membership percentile (# and % of overall team): _____

Team volunteerism: High: _____ Medium: _____ Low: _____

TAB financial support in prior years: _____

General Fund: Granted: _____ Denied: _____ Amount: _____

Team Account Granted: _____

President: _____

Vice President: _____

Date: _____

Date: _____