

Tiger Athletic Boosters

Financial Assistance Request Form



Team:

Date:

Submitting Coach:

Contact #:

Email:

Parent Representative:

Contact #:

Email:

Amount of Request

What is it to be used for (specifically what item or service is being purchased)?

Item(s) specifications/special instructions/preferred vendor:

Why does the team need this (these) item(s)?

When does the team need the item(s)?

Have competitive bids/prices been obtained?

If Yes, what were the other bids/prices and sources?

If No, why were no other bids/prices explored?

Has a request for this (these) item(s) been made to the RSHS Athletic Director?

Is any amount to be paid by/can be paid by:

The CCPS Athletic Dept. (county)?

The RSHS Athletic Dept. (school)?

The members/families of the team?

If Yes, how much?

If Yes, how much?

If Yes, how much?

<input style="width: 90%; height: 15px;" type="text"/>
<input style="width: 90%; height: 15px;" type="text"/>
<input style="width: 90%; height: 15px;" type="text"/>

It is the TAB policy that each team helps to contribute to the TAB in return for TAB financial support.

What fund-raiser(s) does your team expect to conduct to help with this contribution?

How much money do you expect to make with this (these) fund-raiser(s)?

Do you require TAB assistance in running your fund-raiser?

<input style="width: 90%; height: 10px;" type="text"/>
<input style="width: 90%; height: 10px;" type="text"/>

Approved and accepted by/on:

President's Signature
and Date:

Coach's Signature:

Check Number & Amt.:

Check given on date: