

Canton South Athletic Booster Club Funding Request Form

Name of Team Requesting Funds _____
Contact Person _____ Date _____
E-mail _____ Phone _____
Address _____

Details of the request _____

Who will benefit from the request? _____
Total Dollar Amount/Cost: \$ _____
Amount of Funding from Other Sources \$ _____
Amount Requested from Booster Club \$ _____
Make Check Payable to: _____
Address: _____

Coach or parent representative requesting funding are required to attend the meeting of the Canton South Athletic Booster Club in person. Requests must be submitted to a Booster Club officer 10 days before meeting. This will allow all questions to be answered prior to funding and will typically speed up processing of the request.

Things to consider before you request funds:

1. Has your organization or group been actively involved (attending meetings, volunteering, etc) with the booster club *before you are requesting funds*?
2. How does your request benefit the entire program or other programs in the district?
3. All items purchased will be returned to Canton Local School District.

Head Coach Signature: _____

AD or Principal signature: _____

Approved _____ Approved amount \$ _____

CSBC Officer _____

Date _____

Purchase Order # _____

Not Approved _____

Reason _____

Canton South Athletic Booster Club
PO Box 80348
Canton, OH 44708