

Licking Valley Athletic Booster Request

To request money or materials for your program, please fill out the information below and bring it to a booster meeting. All request will be presented on the agenda under new business and voted on at the following meeting under old business. Please provide as much information as possible to avoid a delay in the voting process (attach quotes, plans or specific expense details). Thank you!

Date: _____ Sport Program: _____

Coach Name: _____ Coach Phone Number: _____

Coach Email: _____

Project Details: _____

Estimated Expense: _____

Vendors Involved: _____

Supporting Documentation/Attachments: _____

Signature: _____

AD Signature: _____

District Signature: _____

Maintenance Initials: _____

Booster Member Notes:

Request Approved

Request Denied

Request on Hold
