

SCHS



CARDINAL CLUB

ATHLETIC BOOSTERS

Team Funds Request Form

Please fill in the form below and return all supporting documents to the Santa Cruz High School Athletic Director for review. The request will then be presented and voted on at the SCHS Cardinal Club Athletic Boosters monthly meeting.

Team: _____ Coach: _____

Date Funds are Needed: _____ Amount Requested: _____

Funds will be used for: _____

When is the last time these items were purchased? _____

What are your fundraising plans? _____

How have you, your team, and/or your team parents contributed to the SCHS Cardinal Club? _____

Coach Signature

Date

Team Parent Signature (if applicable)

Date

Athletic Director Signature

Date

SCHC Cardinal Club Representative

Date

Please attach a completed copy of all invoices/bids for the fund-requested items.

SCHS Cardinal Club Athletic Boosters
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