

PHS ATHLETIC BOOSTERS FUNDS REQUEST

TEAM: _____

COACH: _____

COACH CONTACT INFO:

PHONE: _____ EMAIL _____

AMOUNT OF REQUEST _____ DATE _____
(The Boosters are tax-exempt – tax will not be reimbursed)

EQUIPMENT/SERVICES BEING REQUESTED

(Please provide a detailed description of the equipment or service. Keep in mind that we might not be familiar with the items, especially if they are specific to your sport. In accordance with Booster Bylaws, requests for uniforms will not be considered.)

WHY IS THIS ITEM BEING REQUESTED/HOW WILL IT BENEFIT THE TEAM?

TEAM CHAMPIONSHIPS REQUEST:

Division Champs (\$15/athlete) No. Athletes _____ Coach _____ (2 allowed)

State Champs (\$30/athlete) No. Athletes _____ Coach _____ (2 allowed)

- Note: Any team winning both the division and the states will only be eligible for the state award amount. Teams must provide invoice for reimbursement.

Click button to email this form to the Boosters President and Athletic Director.

Mailing Address: PHS Athletic Boosters, P.O. Box 438, Portsmouth, RI 02871