

**Shrewsbury High School Athletic Boosters 2018-2019**

**Team Funding Request Form**

**Date of request: \_\_\_\_\_\_\_\_\_\_\_\_**

**Team(s) making request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose or use of item requested: Funds cannot be used for**: food, gifts, flowers, banquet or any end of season type activities or team parties.

All requests are to be submitted to the Executive Committee and placed on the agenda of the next available meeting. A thirty day voting window will commence after the request is presented at the next available meeting’s agenda. If there is any questions in regard to your request, please contact [tonytizzano@hotmail.com](mailto:tonytizzano@hotmail.com).

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**Cost of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Athletic Director Signature Date**

**Committee acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SHS Boosters President Signature Date**

**Please provide detailed information including: (web sites, photos, price quotes or comparisons) with your request.**