**Cattaraugus Little Valley All Sports Boosters Club**

**Request Form**

**Date:**

**Team and/or Athlete: ­­­­**

**Coach:**

**Request for:**

**Amount of Item(s) Requested:**

**Request is Needed By:**

**Benefits of the Request to the Team and/or Athlete:**

**Recommendation from the Coach:**

 Signature of Requestor

***All approved Requests must be approved by and signed by***

***two authorized members of the Board of Directors or the Executive Committee.***

**Approved By: Title:**

**Approved By: Title:**

**Date of Approval:**