



# Bay Rockets Association Athletic Funding Request Form

Date: \_\_\_\_\_ Team Name: \_\_\_\_\_

Coaches Name(s): \_\_\_\_\_

Coaches Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Team Rep Name(s): \_\_\_\_\_

Team Rep Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Item(s) Requested in order of Priority:	How many are needed?
1. _____	# _____
2. _____	# _____
3. _____	# _____
4. _____	# _____
5. _____	# _____

(Please attach photos or catalog pages of items requested, as well as quotes from vendors)

Why are these items needed?

\_\_\_\_\_

How long are these items expected to last? \_\_\_\_\_

Who will be responsible for maintenance, storage; where stored etc?

\_\_\_\_\_

List Fund Raisers Team has done or will do:

\_\_\_\_\_

2 Quotes for each item are needed from different vendors; please list quotes for corresponding items above:

Item	Vendor #1	\$ Quote	Item	Vendor #2	\$Quote
1			1		
2			2		
3			3		
4			4		
5			5		

Shipping & Handling Fees\_\$ \_\_\_\_\_

Date Items are needed: \_\_\_\_\_

Athletic Director Disagrees with request: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director Agrees & Approves request: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you do not have enough space on the front of this form, please use the back.