



**SHS TEAM EQUIPMENT REQUEST
Form**

DATE: _____

Equipment requests are only reviewed during the Sports Boosters January and August Board meetings. Strong Consideration will be given to those sports programs that have a Team Representative that regularly attends Sports Boosters meeting.

This request is for: January _____ August _____ (requests are due on the first of the month)

Team Name: _____

Head Coach: _____

EVENT:
Request: _____

Vendor: _____

Model #: _____

Equipment Description :

Reason for Request:

TOTAL ANTICIPATED COST: \$ _____¹

The maximum amount of request is \$1000.00 per calendar year.

Signed:

Head Coach

Athletic Director

Return to: SHS Sports Boosters Club, Attn: Equipment Request, Athletic Office Room 2000

¹ Recipients will be required to present a quote for the equipment request