

**OXFORD CHARGER ATHLETIC BOOSTER CLUB
SPECIAL FUNDING REQUEST**

Coach's Name: _____

Sport(s) Supported by Request _____

Approximate No. of Athletes to Benefit: _____

Description of item(s) requested and Cost of each: _____

How would funding this request improve the athletes & team(s) involved?: _____

Coach's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

AMOUNT REQUESTED: _____

Approved by: Executive Committee or Membership Vote

Rejected by: Executive Committee or Membership Vote

President's Signature: _____

Treasurer / Other Signature: _____ Date: _____