



OCMS Athletic Booster Club

2024/2025 OCMS Athletic Booster Club Funds Request

| | |
|-------------------|-----------------|
| DATE: | PROGRAM / TEAM: |
| AMOUNT REQUESTED: | REQUESTED BY: |

Please leave a detailed description of what you are requesting. If you are requesting Funds for non-equipment/non-uniform items, you do not have to give estimates below.

Estimates- Please list two/three estimates for the item/items that you want purchased?

1. _____ \$ _____
2. _____ \$ _____
3. _____

COACH'S SIGNATURE:

ATHLETIC DIRECTOR'S SIGNATURE:

BOOSTER CLUB PRESIDENT/TREASURER:



OCMS Athletic Booster Club

Eligibility Req Met? _____

Has a fund request been submitted this school year? _____

ADDITIONAL NOTES:
