



Washington High School Huskies Boosters
 38442 Fremont Blvd, Fremont, CA 94536
 boosters4whs@yahoo.com
 www.whsbooster.net

Coach Request For Funds

Sport _____ Coach _____

Coach's Email _____ Phone Number _____

Indicate in the space provided the items you are requesting funds to assist your purchase. If you have more than one request, please list these items in order of priority. Be sure to include tax and shipping. When submitting requests, please include the invoice, receipt, or purchase order.

Quantity	Description	Unit Price	Total

Date needed by _____ Balance WHS ASB special account _____

Date of the team's last WHS Boosters request _____

Are you planning any fundraisers with your athletes? YES NO

If YES, how much do you plan to raise or have raised? _____

What other items are you having to raise funds to purchase? _____

Comments _____

Coach's Signature _____ Date _____

For WHS Booster Use Only				
Approved	YES	NO	Discussion Date	
Amount			Check #/ Date	