



Request for the Schalmont Athletic Association



Date request submitted: _____

Name of the SAA member this request was submitted to: _____
(Date)

Equipment or assistance requested: _____
(Please submit information about requested equipment to the SAA)

Estimated cost of the request: _____

Were other estimates obtained (would like 3)? Yes _____ No _____
Please submit a copy of all of the invoices/estimates.

Team/organization/person requesting: _____

Has the team requesting assistance participated in their own fundraising and will they be contributing to this request? Yes _____ No _____

Explain:

Who will use the equipment? _____

Who will be responsible for the equipment requested? _____

Was the appropriate district official (AD, principal etc.) consulted? Yes ___ No ___

What was their response to the request? _____

Contact information for the responsible party/parties requesting:

Name

Home phone

Cell phone

_____ (Signature of responsible party and date)

Notes:
