



**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 programs that use Sports Boosters for their team spirit wear and display a commitment to building Sports Boosters membership.**

**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: \$** \_\_\_\_\_<sup>1</sup>

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

**Signed:**

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Athletic Director

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

<sup>1</sup> Recipients will be required to present a quote for the equipment request