

**Notre Dame Catholic High School**

**Athletic Association**

**Team Funding Request Form**

**PLEASE SUBMIT TO THE PRESIDENT OF THE ATHLETIC ASSOCIATION BY  
MARCH 1ST OF EACH YEAR**

<b>Date:</b>	
<b>Sports Team:</b>	
<b>Coach's Name:</b>	
<b>Requestor Name, Phone, Email:</b>	
<b>Amount Requesting:</b>	
<b>Please provide a description of what is being requested and the reasoning:</b>	

<b>APPROVAL</b>	
<b>Endorsed by Athletic Association</b>	Signature _____ Date _____
<b>Approved by School Official</b>	Signature _____ Date _____

Appendix A

Updated: 7/24/18