

HENRY MIDDLE SCHOOL ATHLETIC BOOSTER CLUB WISH LIST

DATE: _____

SPORT REQUESTING: _____

COACH REQUESTING: _____

ITEM REQUESTED: (Please include manufacturer name, model number and a brief description):

DATE REQUIRED BY: _____

ESTIMATED COST: _____

REQUIRED SIGNATURES:

Coach: _____

Printed Name/Signature

Date

Athletic Coordinator: _____

Printed Name/Signature

Date

Principal: _____

Printed Name/Signature

Date

Athletic Booster Club Decision:

Approved _____

Rejected _____

Date _____