



MILFORD HIGH SCHOOL BOOSTERS CLUB, INC.

2009 - 2010 TEAM FUNDING REQUEST FORM

Date of Request: _____ Team Making Request: _____

Contact Person: (please include email address)

Item requested: (please provide as much information as possible, photo's, price quotes and comparisons)

Purpose or use of the item requested:

Cost of the Request:

Athletic Director's Opinion:

Approve: Yes No Defer to another time

Signature: _____ Date: _____

Committee response:

Approve: Yes No Defer to another time

Signature: _____ Date: _____