



*Siuslaw Athletic Booster
Club*

Donation Application Form

COACH/STAFF MAKING REQUEST: _____

SABC MEMBER? YES NO

SCHOOL: _____ DATE SUBMITTED: _____

TYPE OF ITEM REQUESTED: Uniforms Facility Improvement
 Athletic Equipment Other

AMOUNT REQUESTED*: _____ *Please attached a minimum of two quotes from vendors.

ITEM(S) TO BE PURCHASED WITH DONATION:

DESCRIBE WHAT THE ITEM(S) WILL BE USED FOR:

NUMBER OF STUDENTS THAT WILL BE REACHED: _____

DISTRICT OR PROGRAM MONETARY CONTRIBUTION: _____

COACH/STAFF SIGNATURE: _____

PRINCIPAL or ATHLETIC DIRECTOR SIGNATURE: _____

Reviewed by SABC Executive Officers on (date) _____ Approved ____ Denied____

If denied, reason: _____

Comments: _____

SABC President Signature: _____