

**ONONDAGA CENTRAL BOOSTER CLUB  
BOOSTER FUND WITHDRAWAL REQUEST FORM**

Date of Request: \_\_\_\_\_ Booster Fund Name: \_\_\_\_\_

Reason requesting funds:  
\_\_\_\_\_  
\_\_\_\_\_

Date Funds Required By: \_\_\_\_\_ Total Dollar Amount Requesting: \_\_\_\_\_

Name/Organization to make check out to: \_\_\_\_\_

Address to send check to (if mailing): Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Coach/Fund Leader Name (please print)

\_\_\_\_\_  
Coach/Fund Leader Signature

\_\_\_\_\_  
ASR Name (please print)

\_\_\_\_\_  
ASR (Activity Specific Representative) Signature

\_\_\_\_\_  
Booster Club President Name (please print)

\_\_\_\_\_  
Booster Club President Signature

Form REV. 05/15/2017

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