



**Mercer County Athletic Boosters
Coach/Team Request**

Date of submission:_____ Name of coach:_____

Sport:_____ Amount of request:_____

Date donation is needed:_____ Current balance is sports activity fund:_____

Activity fund balance verified (school official): Printed_____

Signed_____

Please list specifically what the donation will be used for. Please note that hotel room requests will require the second page to be completed.

Please list what MCAB fundraisers the coaches/athletes/parents have helped with or are going to help with (concessions, MerCo Madness, Bear Country) or what MCAB members are on your coaching team.

Has the team done any fundraising for this project? _____

Please list anything additionally you would like MCAB to know:_____

Requests submitted in person at a MCAB monthly meeting are highly encouraged (and expedite the process in cases where there are additional questions).

The MCAB always appreciates recognition when donation requests are granted. It helps to spread the word about the support MCAB provides. If the request is approved, MCAB welcomes mentions via social media, parent meetings or other outlets.



****For overnight accommodations requests only****

Name of preferred hotel: _____

Approximate cost per night per room: _____

Number of rooms requested: _____

Number of athletes: _____ Number of coaches: _____