Sports Team Account Withdrawal Request

Please attach a copy of the receipt or invoice with this form

Today's Date: _____

Team Name: _____

Description: _____

Person or Vendor Name: _____

Amount Requested: _____

Date Funds are Required: _____

Address: _____
If mailing is required

Requestor Name: _____

Coach's Name: _____

Coach's Signature: _____

Athletic Director's Signature: _____

All information should be completed before submitting the form. The form should be placed in an envelope with receipt(s)/invoices(s) and given to the Athletic Director or placed in the lock box outside of the Athletic Director's office.

Chatham Charter Athletic Boosters
Policy Document
Revised Date: 7/29/2026