

Our Lady of the Sacred Heart High School

1504 Woodcrest Avenue, Coraopolis, PA 15108-3054

Athletic Director: 412/269-0322 • Main Office: 412/264-5140 • FAX: 412/264-4143



ATHLETIC CHECK REQUEST FORM

Check Payable to _____

Address _____

Amount of Check \$ _____ Date Check Needed _____

SPORT ITEM (circle **ONE ONLY** ... use separate form if necessary)

ATHLETIC BOOSTERS
GAME OFFICIALS

ATHLETIC OFFICE
PLAYOFF'S

ATHLETIC TRAINER
POLICE

BASEBALL
BOWLING
FOOTBALL
SOCCER-GIRLS
VOLLEYBALL-BOYS

BASKETBALL-BOYS
CHEERLEADING
GOLF
SOFTBALL

BASKETBALL-GIRLS
CROSS COUNTRY
SOCCER-BOYS
TRACK & FIELD
VOLLEYBALL-GIRLS

OTHER _____

REASON _____

ACCOUNT FUNDS to be TAKEN OUT OF (choose **ONE ONLY** ... use separate form if necessary)

☐ **CHOICE #1: SCHOOL BUDGET ACCOUNT**

Date Submitted _____

Required Signatures:

Coach _____

Athletic Director _____

☐ **CHOICE #2: FUNDRAISING ACCOUNT**

Date Submitted _____

Required Signatures:

Coach _____

Parent Representative _____

Athl. Director or Principal _____

Attach all necessary documentation. No checks will be issued without this completed form.
All purchases require approval and a PURCHASE ORDER before ordering.

This form may be duplicated.