



Christopher High School – Athletic Booster Club

TEAM REQUEST FORM

DATE: _____

SPORT PROGRAM: _____

COACH: _____

CONTACT #: _____

EMAIL: _____

EQUIPMENT REQUEST INFORMATION: _____

WEBSITE/VENDOR AND COST INFORMATION:

NEED DATE: _____

SEE ATTACHED TEAM CONCESSION VOLUNTEER DATES. PLEASE NOTE
JV/VARSITY FOOTBALL GAMES ARE PRIORITY.

RETURN TO CHS ATHLETIC BOOSTER CLUB BOX FOR REVIEW AND/OR COME TO
OUR NEXT GENERAL MEETING WITH A PRESENTATION WHICH ARE EVERY 1ST
WEDNESDAY EACH MONTH AT 6:30PM AT CHS LIBRARY.