Date:

Name:

Address:

Phone:

Team/Organization you are representing:

Type of Request:

[ ]  Senior Night ($20 per senior athlete)

[ ]  Meal Reimbursement $5/player (include receipts with request). For these locations only: Clyde-Savannah, Canisteo-Greenwood, Cuba-Rushford, Prattsburg.

[ ]  Banquet Reimbursement Request (up to $150 for Varsity/JV combined, up to $50 for modified). Include receipts with request

[ ]  Other request (please indicate specific request):

Amount Requested: $

Brief description of your needs including date needed and who checks should be made payable to:

Please submit this form via email to YASB **two weeks prior** to the YASB meeting that you wish to be placed on the agenda.

APPROVED DENIED:

COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF YASB PRESIDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_