

RBHS ATHLETIC DONATIONS APPROVAL

DATE SUBMITTED FOR APPROVAL: _____ ATHLETIC ACCOUNT NAME: _____

ACCOUNT #: _____ COACH NAME: _____ COACH SIGNATURE: _____

DONOR'S NAME: _____ DONATION \$ AMOUNT: _____

DONOR'S PHONE NUMBER: _____ OR EMAIL: _____

EXPLANATION OF DONATION: _____

APPROVED: _____ DENIED: _____

ATHLETIC DIRECTOR SIGNATURE: _____ DATE: _____

APPROVED: _____ DENIED: _____

TITLE IX COORDINATOR / DESIGNEE SIGNATURE: _____ DATE: _____

Comments: _____