



Payment Request - Southview Cougar Club

Indicate dollar totals to be paid and from which fund.

Boy's Baseball	
Boy's Basketball	
Boy's Soccer	
Boy's Tennis	
Cheerleading	
Cougarettes	
Cross Country	
Football	
Girl's Basketball	
Girl's Soccer	
Girl's Tennis	
Golf	
Gymnastics	
Hockey	
Softball	
Swimming	
Volleyball	
Wrestling	
Track	
Cougar Club	

Person submitting this request:

Phone: _____

Amount of funding requested:

\$ _____

Check made payable to with address:

Phone: _____

Total \$ _____

Reason for Project Funding Request (attach any written plans or other information)

Current Team Funds Balance in Cougar Club: \$ _____

Approved amount: \$ _____ Date: _____ Meeting Minutes of: _____

Disbursement(s) \$ _____ Date: _____ Check # _____ Balance: _____

Disbursement(s) \$ _____ Date: _____ Check # _____ Balance: _____

Team Coach Signature: _____ Ph: _____ Cell: _____

Team Rep. Signature : _____ Ph: _____ Cell: _____

Athletic Director Signature: _____ Ph: _____ Cell: _____

Return completed form to Cougar Club Treasurer:

Ginger Martindale
2548 Wealdstone Drive
Toledo, OH 43617

(Ph) 419-841-5302

email: martindale.ginger@yahoo.com