



Athletic Event Registration Approval Form

Date: _____

What budget will payment come from? *(Circle One)* General Operating / 461 (Athletics Activity Acct)

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

Sport Team(s) & Level(s): _____

Requesting Coach Name (PRINT): _____

TOTAL Amount to be paid: \$ _____

Check made out to whom? _____

Does the check need to be mailed or will you hand deliver? **Circle One: MAIL / HAND Delivery**

If being mailed what is the address? _____

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What will be paid for?

Event: _____

Date(s) of event _____

Location/Address of Event: _____

Signature of Requestor: _____

_____ Date: _____

Approval Signature
Athletic Director

ONCE APPROVED -Turn approval form and event documentation (flyer, email, etc.) into Sondra Hall in Business Office

8/13/2025