|  |  |  |
| --- | --- | --- |
| image001.png |  TABTitan Athletic Boosters6401 Allen RoadBakersfield, California 93314TAX ID #20-8592748a non-profit public benefit corporation(661) 829-1107 \* FAX (661) 829-1185www.khsd.k12.ca.us/frontier/athletics/tabs.htm | Titan Athletic Booster Officers/Board of Directors Darin Budak, Past PresidentRob Tracy, PresidentAlbert Martinez, Vice PresidentBrandy Rosander, Secretary Jen Pafford, Treasurer  |

Event Request Form

All booster committees shall, as required by the Kern High School District, submit the following

EVENT REQUEST to the TABS Executive Board 30 days prior to the event.

Date of Request: \_\_\_\_\_\_\_\_ Date(s) of Event- Beginning on: \_\_\_\_\_\_\_\_ Ending on: \_\_\_\_\_\_\_\_\_

Booster Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income (estimated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses (estimated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Start-up Cash Requested (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Signature

**TABS Executive Board Approval/Athletic Director Approval**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TABS Vice President (Event Chair): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Signature

Signature Athletic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results are to be completed by Booster Committee Treasurer and submitted to the TABS Treasurer within 15 days after the event.

Date: \_\_\_\_\_\_\_ Income (actual): \_\_\_\_\_\_\_\_ Expenses (actual): \_\_\_\_\_\_\_\_ Net Earned: \_\_\_\_\_\_\_\_\_

TABS 10% \_\_\_\_\_\_\_\_\_

Committee Member Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Signature