|  |  |  |
| --- | --- | --- |
| image001.png | TAB Titan Athletic Boosters  6401 Allen Road  Bakersfield, California 93314  TAX ID #20-8592748  a non-profit public benefit corporation  (661) 829-1107 \* FAX (661) 829-1185  www.khsd.k12.ca.us/frontier/athletics/tabs.htm | Titan Athletic Booster  Officers/Board of Directors  Darin Budak, Past President  Rob Tracy, President  Albert Martinez, Vice President  Brandy 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