

Club Request for Approval to Pay Athletic Coach

Name of Club

School

The booster or parent-teacher club listed above is requesting approval to pay \$ _____
to ATHLETIC COACH _____

(Legal name of ATHLETIC COACH)

PLEASE NOTE ALL ATHLETIC COACHES MUST:

1. Be approved by the Principal;
2. Have a current Florida Educator's Certificate (this includes Athletic Coaching Certificate);
3. Successfully complete FLDOE level fingerprint and background check by Bay District Schools.

Purpose of payment: _____

By signing below, we acknowledge a club meeting was held and members voted to approve the payment requested above.

Club President

Club Secretary

Date of request

Date of request

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Principal's Signature	_____ Date
_____ School Athletic Director's Signature	_____ Date

Original to remain on file with the principal and a signed copy returned to the booster club.