School Year: __________
Lansing Bobcat Boosters Club
Authorized Representatives Form

___________________________________________
(Name of Sport)

Only the individuals listed below will be authorized to request the balance of this account and to sign Deposit Slips, Check Requisitions, and Fundraising Requests.

Head Coach: ___________________________ Signature: ___________________________

Assistant Coach: ___________________________ Signature: ___________________________

Parent Representative: ___________________________ Signature: ___________________________
Email Address: ___________________________ Cell Phone #: ___________________________

Parent Representative: ___________________________ Signature: ___________________________
Email Address: ___________________________ Cell Phone #: ___________________________

Athlete: ___________________________ Signature: ___________________________

Athlete: ___________________________ Signature: ___________________________

Return to Becca Lovenheim, Booster Club President
300 Ridge Road, Lansing, NY 14882

Access to the team account cannot be granted if this form is not completed and on file with the Booster Club.

Updated 2/6/2019