

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.