**SPORTS CHECK REQUEST**
**SARATOGA HIGH SCHOOL**

Please complete all information in the top box:

*PRIOR APPROVAL REQUIRED BY ASSISTANT PRINCIPAL*

Date___________

(Account #) (Class, Commission or Sport Name)

Payable to: ______________________________ in the amount of $______________

for ______________________________________________________________________

(Attach original receipts)

Advisor (Signature w/Printed Name) ____________ Student Representative ____________

Pay to Address: ________________________________________________________________

(unless on attached invoice)

<table>
<thead>
<tr>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Paid</td>
</tr>
<tr>
<td>Amount $</td>
</tr>
<tr>
<td>Check #</td>
</tr>
<tr>
<td>Charge to Act. #</td>
</tr>
</tbody>
</table>

Approved ________________

AP Signature ________________

Not Approved ________________

AP Signature ________________

TREASURER

ACTIVITIES DIRECTOR