



Facility Enhancement Request Form

Date _____

Group/Organization Making the Request: _____

Contact Person _____

Contact Person Phone Number _____ Email _____

Enhancement Request: _____

Estimated cost _____

Location of enhancement request: _____

Anticipated cost & plan to maintain project: _____

Description of enhancement project:

***Attach a copy of plans, detailed information related to project, cost of estimates with company and contracts**

Director/Head Coach Signature

Group/Organization President

Athletic Coordinator (If applicable)

Date

Principal

Date Approved Denied

Director of HR/Operations

Date Approved Denied

Treasurer

Date Approved Denied

Superintendent

Date Approved Denied