

Project Proposal / Funds Request Form Paso Robles Youth Sports Council

League Name: _____
Contact Name: _____
Contact Number: _____
Email: _____
League Address: _____

Project: _____

Date Needed	Materials Available	Materials Needed	Funds Available	Amount Needed

Reminder: Please include a copy of your insurance showing PRYSC as additionally insured.

PRYSC Approval	
<i>Copy of Insurance</i>	<input type="checkbox"/>
<i>League Fees Paid</i>	<input type="checkbox"/>
<i>Active:</i>	<input type="checkbox"/>
<i>Approved</i>	<input type="checkbox"/>
<i>Amount Enclosed:</i>	<input type="checkbox"/>
<i>Notes:</i>	