

Forest of Dean Athletic Club

APPLICATION FOR PURCHASE OF EQUIPMENT

Name:	
Address:	
Tel No:	
Club Appointment (eg Coach Level 2):	
Equipment Required:	
Details of Supplier (for payment purposes):	
Cost:	
Reason for Purchase:	
Date:	Signature:
Approved by Committee: Yes/No.	Applicant notified: Yes/No.
Entered on Club Inventory: Yes/No.	
Date:	Signed:For Forest of Dean AC
* Delete as applicable	

(Application to be returned to Club Treasurer).