# École Olds High School Athletic Legacy Fund Application Form

## Student Information

Student Name: _____ Grade:_____

Address: _____

Parents/Guardian Names: _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____

## School Sport

School Sport participating in: _____

Individual Athlete Fee: _____

Amount requested from EOHS Athletic Fund: _____

Coach's Name: _____

Coach's Signature: _____

Student Signature: _____

Application Date: _____

**Students can submit one application in their EOHS career.
Hand in your completed form to the office**

**Office Use Only**

Athletic Fund Amount: _____ Date: _____

Approved by: _____