

DATE:	
To the Saratoga	oga High School Sports Boosters Treasurer: rization to transfer funds: (sport specific account) (name of account) Advisor or Coach name and signature Treasurer name and signature President name and signature
This is authoriza	ation to transfer funds:
FROM	
(account #)	(sport specific account)
то	
(account #)	(name of account)
	Advisor or Coach name and signature
	Treasurer name and signature
	President name and signature