



Kansas Unified Sports League
Direct School Support Request Form

Date: __/__/____

Sport: Soccer
 Basketball
 Bocce

Years offering Sport: 1st year
 2nd year
 3rd+ year

School: _____

Name: _____
(To whom check will be made)

Address: _____

Amount Requested: \$ _____

Use of Funds:
(Receipts shall be provided upon request)

Cost Share:
(what are you providing or is being donated?)

By signing I agree to use the funds as specified above or return funds to Special Olympics Kansas.

Signature: _____

Date: _____

Print Name: _____