

La Costa Canyon Foundation

Check Request Form

Please attach all invoices/receipts

General Foundation Check Amount: _____

MAC – Maverick Academic Boosters Date: _____

VPA – Visual and Performing Arts Boosters

MAB – Maverick Athletic Boosters Sport: _____ Boys: _____ Girls: _____

Activity/Class: _____ Accounting Code #1: _____ Accounting Code #2: _____

Check Made Payable To: _____

Address: _____

City, State & Zip: _____

Purpose: _____

Delivery By: Mail: _____ Pick Up: _____ Other: _____

Foundation, MAC, and VPA Booster Signature Required:

Activity/Class Liaison: _____ Date: _____

Teacher/Advisor: _____ Date: _____

Administration/Foundation: _____ Date: _____

MAB Signatures Required:

Head Coach: _____ Date: _____

Parent Liaison: _____ Date: _____

Athletic Director: _____ Date: _____

Executive Director: _____ Date: _____

Please leave in Foundation Office or Mail to:
LCCHS Foundation One Maverick Way Carlsbad, CA 92009 | Fax: 760.943.3540