

Mariner Marauder Booster Club Sub-Club Fundraising Authorization Form

Form Due No Later Than 3 Weeks Prior To Fundraiser Start Date

Sub-Club Name:	
Sub-Club Coach/Advisor Name:	
Sub-Club Coach/Advisor Email:	Phone:
Parent Representative Name:	
Parent Representative Email:	Phone:
Description of Fundraising Activity? Please attach contract if applicable.	
Fundraiser Vendor Name if applicable:	
Fundraiser Vendor Rep Name:	
Rep Email: Rep P	Phone:
Special Liability Insurance Requirements Needed:	
Fundraiser Date/s:	
Estimated Gross Profit: Estimated Net Profit:	
Explain Expenses:	
Do you need any special MMBC Board Support? Yes □ No □ If yes, explain:	
Does this fundraiser need to be added to the MMBC Website Store? Yes □ No □ Date Needed:	
Do you need to borrow a cash box for this event? Yes □ No □	
Any Additional Information you would like to provide?	
Executive Board Member Use Only - (Two Signatures Required)	
Executive Board President Printed Name:	
Executive Board President Signature:	Date:
Secondary Executive Board Member Printed Name:	Title:
Secondary Executive Board Signature:	Date:
MMBC Executive Board Approved ☐ MMBC Executive Board Denied ☐	
Denial Reason Explanation:	
■ www.marinerboosterclub.com	