



Mariner Marauder Booster Club
Sub-Club Fundraising Authorization Request Form
Form Due 2 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? Include a contract if applicable.

Fundraiser Vendor Name if applicable: _____

Fundraiser Vendor Rep Name: _____

Rep Email: _____ Rep 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 ☐

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
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Executive Board President Printed Name: _____

Executive Board President Signature: _____ Date: _____

☐ **MMBC Executive Board Approved** ☐ **MMBC Executive Board Denied**

Denial Reason _____