



Mashpee Boosters Club, Inc.

Fundraising Approval Form

500 Old Barnstable Rd
Mashpee, Ma 02649
mashpeeboosters@gmail.com

Date of Request: _____

**Must be approved by the Board at least 14 days prior to event.*

Name of Team/Club: _____

Parent Advisor or Responsible Adult: _____

Phone Number: _____

Email: _____

Fundraiser: _____

Date: _____

Location: _____

**Approval of all fundraising events is at the total discretion of the Boosters Board.*

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Mashpee Boosters Board Approval: YES OR NO

Mashpee Boosters Board Member Signature:
