**Dunnville Minor Hockey Association**

**Fundraiser Approval Form**

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| Team: | Head Coach:  |
| Manager/Fundraising Rep: |
| Email: | Phone: |
| Type of Fundraiser: | Intended Use of Profits: |
| Fundraiser Date, Time and Location:  |
| Date reviewed at Team Parent Meeting: |

***A parent/guardian for each player must sign below to indicate agreement to participate in this fundraiser.***

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| Player | Parent/Guardian Signature | Phone  |
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| Fundraiser Approved: YES NO | Comments:  |
| DMHA Signature: | Date:  |