**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: |