Ridgefield Boosters Club

Parent Group Activity Form

Sport/Organization/Club: _____

Representative Name: _____

Representative's Phone: _____ Email: _____

☐ Ridgefield High School ☐ View Ridge Middle School

Date of Activity/Fundraiser: _____

Please Describe Your Activity/Fundraiser

I understand that it is my responsibility to follow the guidelines outlined in the Ridgefield Boosters Parent Group Application. Failure to do so will forfeit the monies raised by this activity/fundraiser and may cause your sport/organization/club's Booster Parent Group account to be closed.

_____ _____

Representative Signature Date

Do Not Write In This Area; for Boosters Use Only

Approved: ☐ Yes ☐ No Date: _____

Approving Signature: _____

THIS FORM SHALL BE PRESENTED BY APPLICANT AT A REGULAR BOOSTER CLUB MEETING