

Appointment of Team Rep

Date: _____

Team Name: _____

Coach: _____

Email Address: _____

Phone: _____

The following Spartan Booster members have been appointed Team Representatives.

_____ Tel: _____

Email: _____

_____ Tel: _____

Email: _____

_____ Tel: _____

Email: _____

By signing below you each acknowledge receiving a copy of the Policies and Procedures Manual of the Spartan Boosters and agree to abide by and represent the team and the Spartan Boosters according to said manual.

We understand that failure to follow the Policies and Procedures of the Spartan Boosters may result in the teams' privileges to fund raise may be revoked by the Executive Board for up to two (2) years.

Signatures

Coach: _____

Team Representatives: _____
