



Booster Group Agreement Form

Group Name:

We acknowledge that the Foundation has provided us with a copy of the MVHS Timberwolves Foundation Policies, Procedures for Deposits and Disbursements, Disbursement form, and Deposit form. By signing below, we understand and agree to the policies and procedures as described in the documents. Signers will be the primary contacts for the group and be informed of financial information regarding the account.

Primary Authorized Access:

Name:

Email Address:

Date:

Signature:

Phone Number:

Secondary Authorized Access:

Name:

Email Address:

Date:

Signature:

Phone Number:

Advisor/Supervisor to Acknowledge Activity:

Name:

Email Address:

Date:

Signature:

Phone Number: