

**Norman Athletic Association
Booster Club Fundraiser Certificate**

10001

School Type: NHS NNHS AMS IMS LMS WMS other: _____

Booster Club Name: _____

Contact Name: _____ Phone: _____ Email: _____

Time Frame for Fundraiser: Start date: _____ End date: _____

Type of Fundraiser:

NAA Board Approval: _____ Board Meeting Date: _____

(PLEASE KEEP WITH FUNDRAISING EVENT FOR APPROVAL VERIFICATION)