

**Hyland Hills Hockey Association  
2010-2011 Team Fundraising Opt Out Form**

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**DATE**

**PLAYER**

**PLAYER'S TEAM**

I would like to Opt Out of the following Fundraiser(s) set forth by my Team for the 2010/2011 season at Hyland Hills Hockey Association.

I understand that by signing this form, my player will not receive any proceeds from the fundraisers below and that I may be required to add funds to my player's team account as needed throughout the 2010/2011 season.

- I would like to Opt Out of ALL Team fundraisers – individual and team for the 2010-2011 season;
- I would like to Opt Out of only INDIVIDUAL fundraisers in which proceeds would affect my players individual account with the Team;
- I would like to Opt Out of only TEAM fundraisers in which proceeds would be allocated evenly amongst player's individual account with the Team.

**Parent/Guardian Signature /Date**

*\*\*Any changes to this form need to be formally submitted and approved by HSHA Fundraising Committee PRIOR to participating in Team Fundraising Event(s)\*\**

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**HSHA Use:**

Received by / date: \_\_\_\_\_