



**FAIRVIEW PARK ATHLETIC CLUB  
PARENT GROUP TEAM DELEGATE AUTHORIZED SIGNATURE FORM**

I attest that I am the **Team Delegate** selected and authorized to represent the following Fairview Park High School/Middle School sports team:

\_\_\_\_\_ during the \_\_\_\_\_ school year.

As the **Team Delegate**, I understand that I am the sanctioned requester for deposits to/disbursements from the team's fund under management by FPAC, and that it is my responsibility to examine deposits and check requisitions prior to submission to FPAC for action.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

I also understand that the parent group can appoint a **Delegate Designee**, who is either a member of the parent group or the team coach, and who has the authority to submit disbursement requests in the instance that I am the payee. The Delegate Designee is as noted below:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

As the **Team Coach**, I endorse the above identified Team Delegate.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*This completed form is kept on file with FPAC, to be updated anytime the team delegate, designee or coach changes.*