**Part 3: Parent/Guardian Letter**

* **Full name:**
* **Email Address:**

**NOTE:**

We require a letter from the parent/guardian addressing the impact that this grant would have on the individual's athletic performance, including stating how the funds would be used. You can attach it separately or include the letter below.

**Parental/Guardian Consent:**

By submitting a letter, you agree that you are a parent/guardian of the applying individual and consent to the Calgary Booster Club collecting and publishing personal information as a recipient of the Bob Freeze Sport Grant. Specifically, you authorize and consent the Calgary Booster Club to producing, marketing or publishing the name, age, sport, organizational affiliation and photograph/image on their website, electronic bulletin, boards, brochures or other marketing or informational materials of their choosing.