

**Parent/Legal Guardian Consent Form**

**PLEASE NOTE:**

If you are under 18 years of age, you will need permission from a parent or legal guardian to apply to be considered for the Marlborough Greater Together Community Fund Advisory Committee. Please review with your parent or legal guardian and complete the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for
 (name of parent or guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply to be a member
 (name of applicant under age 18)

of the Marlborough Greater Together Community Fund Advisory Committee and if accepted, to participate in meetings and activities of the same. I understand the Community Fund Advisory Committee may wish to make known the success of this effort, and I authorize

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to appear in photos or videos for this purpose.
 (name of applicant under age 18)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest.

Please complete and email this form to:

Communityfund.marlborough@gmail.com