



**Barbers Hill Independent School District
Booster Club Registration & Approval Form
High School and Middle Schools Only**

To: _____
(Principal or Administrator Name)

Location: _____
(School or Department Name)

Name of Organization: _____

Purpose of Organization: _____

Student Group to be Supported: _____

Faculty Sponsor for Club: _____

Current Number of Parent Supporters: _____

I agree with the following statements:

- I have spoken with the faculty member who will serve as the Sponsor of the Booster Club and have received his/her permission to submit this registration form.
- I have read the Booster Club Guidelines thoroughly and agree to abide by the rules and guidelines it contains.
- I understand that noncompliance with any District policy or criteria may result in the disbanding of the Booster Club by the Principal or the Administrator.
- I have included a copy of our club's bylaws and IRS 501(c)(3) determination letter.
- I have included a current list of proposed officers or representatives with names, titles, mailing addresses, phone numbers, and e-mail addresses with this registration form. We agree to send an updated list every time there is a change of officers to the Business Manager.

Submitted by:

_____/____/____
(President/Representative #1) Date

_____/____/____
(Vice President/Representative #1) Date

Contact phone: () _____

_____/____/____
(Treasurer/Representative #3) Date

_____/____/____
(Secretary/Representative #4) Date

_____/____/____
(Sponsor) Date

For District Use Only

Received by: _____ **Date Received:** ____/____/____



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APPROVAL OF BOOSTER CLUB: I, _____
(Principal or Administrator Name)

_____ at _____
(Position) (School or Department Name)

authorize _____ to conduct student and
organizational related activities for the benefit of _____
(Student Group)

This registration approval is effective for the school year beginning _____ and
(School Year)
will continue until such time as the Booster club no longer exists.

_____/_____/_____
Principal or Administrator Signature Date

DISAPPROVAL OF BOOSTER CLUB: I, _____
(Principal or Administrator Name)

_____ at _____
(Position) (School or Department Name)

Do not authorize _____ to become a Booster Club.
(Booster Club Name)

_____/_____/_____
Principal or Administrator Signature Date

- **The original form should be sent to a representative of the Booster club shown on the first page of this form.**
- **Please make copies of BOTH PAGES of this form & send along with a copy of your bylaws and a copy of your 501(c)(3) determination letter to:**
 - The Sponsor
 - The Principal or Administrator

After the principal/administrator has approved the booster club, the principal will send a copy of this form, your bylaws, and 501(c)(3) determination letter to the Assistant Superintendent of Finance for final approval.