

**MUST BE SUBMITTED TO FINANCIAL SERVICES ANNUALLY
PLEASE COMPLETE BOTH PAGES**

**Carroll Independent School District
Booster Clubs & School Support Organizations
Registration & Approval Form**

To: _____ Location: _____
(Principal or Administrator Name) (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 support organization and have received their permission to submit this registration form.
- I have read the *Booster Clubs and School Support Organizations 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 support organization by the principal or the administrator.

Submitted by:

Representative Date (Sponsor) Date

Street/Mailing Address City State Zip

Phone Number

BOOSTER CLUB REPRESENTATIVE: STEP 2 - HAVE CAMPUS ADMINISTRATION COMPLETE PAGE 2



Received by:	Date:
<input type="checkbox"/> APPROVAL of Support Organization: I, _____, (Principal or Administrator Name) _____ at _____ (Position) (School or Department Name) Authorize _____ to conduct student and (Support Organization Name) organizational related activities for the benefit of _____. (Student Group/Campus) This registration approval is effective for the school year beginning _____ and (School Year) <i>And will continue until the end of the school year. A new form must be completed each year.</i>	

 Principal or Administrator Signature Date Director of Finance Date

OR

<input type="checkbox"/> DISAPPROVAL of Support Organization: I, _____, (Principal or Administrator Name) _____ at _____ (Position) (School or Department Name) do not authorize _____ to become a support organization (Support Organization Name)	
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 Principal or Administrator Signature Date Director of Finance Date

- *The original form should be sent to the representative of the support organization shown on the front of this form.*
- *Please make copies of BOTH SIDES of this form for:*
 - *The Sponsor*
 - *The Principal or Administrator*
 - *Financial Services Department*