Dinuba Unified School District

BOOSTER CLUB APPLICATION QUESTIONS

Membership quotas or qualifications: _____

_____

Names, addresses and phone numbers of all officers:

Name	Address	Phone

A list of specific annual objectives: _____

_____

_____

The name of the Bank where the group's account will be located and the names of those authorized to withdraw funds:

Bank Name: _____

_____ _____

Print Name Print Name

Desired use for any money remaining at the end of the year if the organization is not continued or authorized to continue in the future: _____

_____

_____

Dinuba Unified School District

BOOSTER CLUB APPLICATION

Booster Club /Organization Name: _____

Name of School: _____

The parents of Dinuba Unified School District, hereby request approval for the information of the: _____ Booster Club.

Name of Organization

Objectives / Purpose of the Booster Club are: _____

_____

_____

_____

We, the members of this booster club, have read the rules for forming and conducting this organization and agree to abide by them. We will submit a contact list, along with two copies of the proposed constitution and by-laws to the site administrator/ designee, who will review the application for approval.

_____

Signature of Organization Representative Date

Address / Phone No.: _____

Approved: _____

Site Administrator's Signature Date

School Name: _____

☐ Attach evidence of insurance