## Parent Organization/Booster Club Information Sheet

Send an updated copy of this form to the Internal Audit Department and to your School Principal or Administrator by September 15th and as new officers are elected and information changes.

1.	l. Official Parent Organization / Booster Club Name:							
2.	School Name:							
3.	Sponsor's Name:							
4.	Employer Identification Number (EIN):							
5.	Is this Organization 501(c)3 exempt? (Yes/No)							
6.	Official Mailing Address:							
	PO Box / Street Address:							
	City, State & Zip Code:							
7.	<b>Date of Change</b>							
8.	8. Current Officers for the		School Year					
Title	e/Position:							
Prin	ted Name:							
Mail	ling Address:							
Pho	ne Numbers:	Hm:	Wk:	Cell:				
			,, v.	Con.				
E-m	ail Address:		NIDEDEN	IDENT				
	VV	ACO I	NDEPEN	IDENI				
Title/Position:								
Printed Name:								
Mail	ling Address:							
Phoi	ne Numbers:	Hm:	Wk:	Cell:				
E-m	ail Address:			1				



By law, information on this page is public information and must be released to the public at such requests.



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Send an updated copy of this form to the Internal Audit Department <u>and</u> to your School

Principal or Administrator by September 15th and as new officers are elected and information changes.

### 7. Current Officers (Continued)

Title/Position:					
Printed Name:					
Mailing Address:					
Maning Address.					
Phone Numbers:	Hm:	Wk:	Cell:		
E-mail Address:					
Title/Position:					
Printed Name:					
Mailing Address:	1				
Maning Address.					
Phone Numbers:	Hm:	Wk:	Cell:		
E-mail Address:					
M	ACO INI	DEPEND	ENT		
Title/Position:  Printed Name:					
Printed Name:	U				
Mailing Address:					
11001000					
Phone Numbers:	Hm:	Wk:	Cell:		
E-mail Address:					



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### 7. Current Officers (Continued)

Title/Position:					
Printed Name:					
Mailing Address:					
Phone Numbers:	Hm:	Wk:	Cell:		
E-mail Address:					
Title/Position:					
Printed Name:					
Mailing Address:		CF			
Phone Numbers:	Hm:	Wk:	Cell:		
E- <mark>mail Add</mark> ress:					
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Title/Position:	tle/Position:				
Printed Name:	SCHOOL	<u>. DISTRI</u>	CT		
Mailing Address:					
Phone Numbers:	Hm:	Wk:	Cell:		
E-mail Address:					



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