



# Booster Club Registration & Approval Form

DATE:

CAMPUS OR DEPARTMENT NAME

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ORGANIZATION NAME:

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PURPOSE OF CLUB:

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FACULTY SPONSOR NAME:

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CURRENT NUMBER OF PARENT SUPPORTERS:

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BYLAWS ESTABLISHED?

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BOOSTER CLUB CONTACT NAME:

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BOOSTER CLUB CONTACT EMAIL/PHONE:

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I AGREE WITH THE FOLLOWING STATEMENTS:

- I have read the Booster Club Manual and agree to abide by the information included in the guidelines.*
- I understand that noncompliance with any district policy or other agency may result in the suspending or disbanding of the booster club by a principal or district administrator.*
- I have included a current list of officers or representatives with names, titles, phone numbers and email addresses along with this form.*
- I understand that once my term is complete, and to ensure continued success of the program, I will be required to provide information to future officers including documents, district training dates, etc.*

Submitted by:

\_\_\_\_\_  
Booster Club Representative #1

\_\_\_\_\_  
Booster Club Representative #2

**For Campus Use Only:**

**Approved**

\_\_\_\_\_  
Sponsor's Name

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
Date

**Denied**

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Principal's Signature