

Booster Club Information Sheet

Send an updated copy of this form to the Chief Financial Officer via fax (254-215-2008) or email melissa.lafferty@bisd.net, and to your School Principal annually by the end of October of each year and as new officers are elected or an information changes.

1. **Official Booster Club Name:** _____
2. **School Name:** _____
3. **Sponsor's Name:** _____
4. **Employer Identification Number (EIN)** obtained and in good standing (Yes/No) _____
5. **Tax Permit number:** _____
6. **Official Mailing Address:** _____

City, State & Zip Code: _____

7. **General liability** _____ Yes _____ No Carrier: _____

Officers liability _____ Yes _____ No Carrier: _____

8. **If you are entitled to the two "one-day, tax-free" sales days, indicate the "one-day, tax-free" sales that have been used or that are planned:**

Calendar Year _____

1st Tax Free Date / Fund-raiser _____ 2nd Tax Free Date / Fund-raiser _____

9. **The current authorized signers include the following Booster Club officers:**

	<u>Name of Person</u>	<u>Officer Position Held</u> / <u>District Employee? (Yes/No)</u>
<i>Example:</i>	<i>June Bugg</i>	<i>President</i> / <i>No</i>
	_____	_____ / _____
	_____	_____ / _____
	_____	_____ / _____

10. **The Booster Club is incorporated:** _____ Yes _____ No

If the Booster Club is incorporated, an exemption from Texas franchise tax was obtained from the Texas Comptroller's Office: _____ Yes _____ No

11. Current Booster Club Officers for the _____ School Year

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	

Office Held:	
Printed Name:	
Phone Numbers:	Hm: Wk: Cell:
E-mail Address:	



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