

Mansfield Independent School District
PTO/Booster Club Responsibility/Affidavit Form



Name of Organization: _____

As the _____ of the PTO/PTA/Booster club, I certify that:
(your PTO/Booster title)

- I have attended to the PTO/Booster training in July 2025
- OR
- I have reviewed the the PTO/Booster PowerPoint presentation available on the Mansfield ISD website

_____ President Signature	_____ Date	_____ Phone #	_____ Email
_____ Vice-President Signature	_____ Date	_____ Phone #	_____ Email
_____ Treasurer Signature	_____ Date	_____ Phone #	_____ Email
_____ Secretary Signature	_____ Date	_____ Phone #	_____ Email