CHEEKTOWAGA CENTRAL SCHOOL DISTRICT

2025-2026 SCHOOL YEAR

Application for Board of Education Recognition of Booster Clubs & Related Organizations

Date of Application _____

Name of Club or Organization _____

Person making request _____

Address_____ Phone Number_____

_____ Email_____

All information on the reverse side of this form must be completed.

I have read, understand and agree that the booster club will abide by the Board of Education Policies related to Booster Clubs and related organizations (see attached) as listed below and understand that any violations of District Policy or regulations may result in the withdrawal of recognition of the club.

Policy 3271	Solicitation of Charitable Donations from School Children
Policy 3272	Advertising is Schools
Policy 5230	Acceptance of Gifts, Grants and Bequests to the School District
Policy 7422	Booster Clubs and Related Organizations
Policy 7423	Booster Clubs and Organizations Fundraisers: Alcohol Use and Consumption
Policy 7450	Fund Raising by Students

Signature _____ Date _____

Signature of Principal _____ Date _____

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Date of Board of Education Recognition _____

*Signature of Board of Education President*_____

Purpose of the Booster Club / Related Organization

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Anticipated Activities (2025-26)	Anticipated Date(s) (2025-26)

Anticipated Fundraisers (2025-26)	Anticipated Date(s) (2025-26)