Tomball ISD
Booster Club & School Support Organization Leadership Information Sheet
School Year 20____-2020____

Each Booster Club must complete the following information each school year by August 15.

☐ **New Club** ☐ **Existing Club** ☐ **# of Members:_____**

Campus: _____

Booster Club Name:_____

President:_____ Phone:_____

Address:_____ Email:_____

Vice-President:_____ Phone:_____

Address:_____ Phone:_____

Treasurer:_____ Phone:_____

Address:_____ Phone:_____

Secretary:_____ Phone:_____

Address:_____ Phone:_____

Financial Institution Information:

Bank Name:_____ Acct. #:_____

This information must be completed by the booster club secretary for the upcoming year and submitted to the campus principal for submission to the TISD Finance Department.

As Secretary, I have read the Tomball ISD Booster Club Guidelines. I understand the procedures outlined in this document and will adhere to the instructions.

_____ _____
Secretary Signature Date

_____ _____
Principal Signature Date

For Business Office Use Only

Reviewed by:_____ **Date:**_____

Approved by:_____ **Date:**_____