

**Santa Fe Independent School District
PTO/Booster Club Registration & Approval Form**

To: _____ **Location:** _____
(Principal's Name) (School's or Department's Name)

Name of Organization: _____

Purpose of Organization: _____

School/Student Group to be Supported: _____

Faculty Sponsor for Booster Club: _____

Current Number of Parent Supporters: _____

I agree with the following statements:

- I have read the *PTO/Booster Club/Fundraising Guidelines* and agree to abide by the information included and referenced in the guidelines.
- I understand that noncompliance with any district policy or criteria may result in the suspension or disbandment of the PTO/booster club.
- I have included a current list of officers or representatives with names, titles, mailing addresses, phone numbers, and e-mail addresses with this registration form.

Submitted by:

_____ (President/Representative #1) Date	_____ (Vice-President/Representative #2) Date
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_____ (Treasurer/Representative #3) Date	_____ (Faculty Sponsor) Date
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Approved/Denied by:

PTO/Booster Club Approved ☐

PTO/Booster Club Denied ☐

_____ (Principal's Name)	_____ (Principal's Signature) Date
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Original: PTO/booster club **Copy:** Principal, CFO, Sr. Accountant, and sponsor