LAKE ELSINORE UNIFIED SCHOOL DISTRICT
20__ - __ Application for Booster Club

☐ **New Application (pre approval)**
Complete Sections I thru IV

☐ **New Application (final approval)**
Complete Sections V thru VI

☐ **Renewal Application - *REQUIRED EACH* school year**
Complete All Sections

☐ **Change to Executive Board Officers**
Complete Section II

I. GENERAL INFORMATION

Name of Organization		**School Site**	
Mailing Address		**Date Requested**	
		Booster Web Address	

II. EXECUTIVE BOARD OFFICERS

	Name	Address	Phone	Email	Term End Date
President					
Vice President					
Secretary					
Treasurer					

III. PURPOSE (Describe the purpose of the organization)

IV. ANNUAL OBJECTIVES (List specific goals for the school year)

PRELIMINARY APPROVAL

This certifies you have satisfied sections I thru IV. Please complete remaining sections and resubmit for Final Approval. You are NOT authorized to operate as a booster organization until all sections have been satisfied and signatures for final approval are received from the school site administrator and Fiscal Support Services and your booster organization is Board approved.

School Site Administrator Signature: _____ **Date:** _____

V. **FINANCIAL INFORMATION**

Name of Bank		**Account Number**	
Address of Bank		**Authorized Signers**	
Tax ID # (EIN)			

VI. **REQUIRED DOCUMENTS (Attach copies)**

- ☐ **Booster Club Constitution**
- ☐ **Booster Club Bylaws**
- ☐ **Proof of Tax ID #**
- ☐ **501(c)(3) Federal Determination Letter**
- ☐ **Booster Club Board Policy, Operating Material and Training Acknowledgment Form**
- ☐ **Certificate of Insurance**
- ☐ **Proposed Plan of Fundraisers/Activities List**
- ☐ **Annual Financial Statement for Prior Year (Renewal Only)**
- ☐ **Budget (Renewal Only)**

FINAL APPROVAL

This certifies you have satisfied all sections of the Lake Elsinore Unified School District Application for Booster Club. Authorizations are granted per school year. You must resubmit your application annually to continue to operate as a booster organization.

School Site Administrator Signature: _____ **Date:** _____

Fiscal Support Services Signature: _____ **Date:** _____

Board Approval Date: _____