Booster Club Information Sheet

Send an updated copy of this form to the Chief Operations Officer and to your campus principal annually and as new officers are elected or as information changes.

1. Official Booster Club Name: _____

2. School Name: _____

3. Sponsor's Name: _____

4. Employer Identification Number (EIN): _____

5. Date Season Begins: _____

6. Date Season Ends: _____

7. Date Elections are held: _____

8. Official Mailing Address:

PO Box / Street Address: _____

_____

City, State & Zip Code: _____

9. Date of Change: _____

10. Current Booster Club Officers for the _____ School Year

Office Held:			
Printed Name:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Booster Club Information Sheet

Send an updated copy of this form to the Chief Operations Officer and to your campus principal annually and as new officers are elected or as information changes.

10. Current Booster Club Officers (Continued)

Office Held:			
Printed Name:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			