



SELMA
CITY SCHOOLS

One Vision. One Voice.
One Selma.

BOOSTER CLUB REQUEST FORM

1. SCHOOL INFORMATION

SCHOOL NAME	DATE SUBMITTED
PRINCIPAL	

2. BOOSTER CLUB / ORGANIZATION INFORMATION

BOOSTER CLUB / ORGANIZATION NAME	
ASSOCIATED ACTIVITY OR PROGRAM	SPONSOR / COACH NAME

TYPE OF ORGANIZATION ☐ Booster Club ☐ Parent Organization ☐ Other: _____

PURPOSE / MISSION STATEMENT

3. OFFICERS / LEADERSHIP POSITIONS

POSITION	NAME OF OFFICER	SIGNATURE
President		
Vice President		
Secretary		
Treasurer / Bookkeeper Representative		
Other (Specify)		



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4. ACKNOWLEDGEMENT & APPROVALS

ACKNOWLEDGEMENT

We understand and agree to follow the Selma City School District Booster Club Policy and Procedures and all ALSDE/AASBO financial requirements.

PRINCIPAL APPROVAL ☐ Approved ☐ Denied

Principal Signature

Date

Bookkeeper Review

Date

Superintendent / Designee

Date

RETENTION: A copy of this form must be kept on file with the school's financial records and a copy submitted to the Local School Bookkeeper and District Finance Office.