Booster Club Information Sheet

Send an update copy of this form to the Deputy Superintendent Office via fax (254-215-2001) and to your School Principal annually by the end of October of each year and as new officers are elected or an information changes

1. **Official Booster Club Name:**_____

2. **School Name:**_____

3. **Sponsor's Name:**_____

4. **Employer Identification Number** (EIN):_____

5. **Tax Permit number:** _____

6. **Official Mailing Address:**_____

   City, State & Zip Code: _____

7. **Date of Change:**_____

8. **General liability** _____Yes _____No Carrier:_____

   Officers liability _____Yes _____No Carrier:_____

9. **If you are entitled to the two "one-day, tax-free" sales days, indicate the "one-day, tax-free" sales that have been used or that are planned:**

   Calendar Year _____

   1st Tax Free Date / Fund-raiser _____ 2nd Tax Fee Date / Fund-raiser _____

10. **The current authorized signers include the following Booster Club officers:**

	Name of Person	Officer Position Held /	District Employee? (Yes/No)
Example:	***June Bugg***	***President***	***No***

11. The Booster Club is incorporated:

_____Yes
_____No

If the Booster Club is incorporated, an exemption from Texas franchise tax was obtained from the Texas Comptroller's Office:

_____Yes
_____No

12. 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:			

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:	

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

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By law, information on this page is public information and must be released to the public at such requests.