



Lake Elsinore Unified School District Booster Club and Parent Organization Request for Authorization to Operate

School _____ School year _____

Name of Organization _____

Mailing Address _____

Current Officers	Name	Complete Address	Phone
President			
Email address			
Vice President			
Email address			
Secretary			
Email address			
Treasurer			
Email address			

General Purpose of Booster Group:

Specific Goals for Current School Year:

Membership quotas or qualifications: _____

Financial Information:

Name of Group on Bank of Account: _____

Name and Address of Bank: _____

Bank Account Numbers: _____

Authorized signers/number required

(Cannot be a School Administrator, i.e. Principal, Asst. Principal)

*Tax ID Number: _____

Disposition of fund balance: _____

Approvals:

_____ Date _____
Activities Director

_____ Date _____
Principal

_____ Date _____
District Approval

**BOOSTER CLUBS MUST BE ESTABLISHED as a non-profit entity under Section 501 (c)(3) of the IRS code and must have their own tax identification number.*