

SPRING COVE SCHOOL DISTRICT

915-AR-1
ADMINISTRATIVE RECOGNITION FORM FOR BOOSTER
& PARENT TEACHER ORGANIZATIONS

Due in Building Principal's Office by September 15 of each school year.

Name of Organization _____

Officers or Organization (The District employee coach/advisor and their family members may not serve as officers of the Booster groups that supports that sport.)

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>E-MAIL</u>
President				
Treasurer				
Other				

Name of Faculty Liaison _____

Describe the purpose and goals of your organization for the current school year _____

Define what specific group of students will benefit from the operation of your organization _____

Signature of President _____ Date _____

Signature of Faculty Liaison (Coach/Advisor) _____ Date _____

Signature of Building Principal _____ Date _____

Signature of Athletic Director _____ Date _____

Comments _____

Signature of Business Manager _____ Date _____

Signature of Superintendent _____ Date _____

Comments _____

Board Approval _____

Copy to Organization _____

Copy to Appropriate Building Administrator _____