# Hyde Park Central School District Booster Club Approval Form 

Title of Booster Club $\qquad$ Date $\qquad$
For the School Year: $\qquad$

|  | Officers |  |  |
| ---: | :---: | :---: | :--- |
|  | Name | Phone |  |
| President |  |  |  |
| Vice President |  |  |  |
| Treasurer |  |  |  |
| Secretary |  |  |  |

The items listed below are provided to meet acceptable standards of fiscal responsibility and management of this Booster Club.. Clubs will adhere to Policies 1222 Booster Clubs and 5251 Student Fund Raising Activities (and associated policies). The undersigned confirms the following and has provided Proof of Insurance*:
$\square$ Have a Tax ID number: $\qquad$
$\square$ *Provide Proof of Insurance (Attach Certificate of Insurance, COI).
$\square$ Have an executive board with at least a president and treasurer.
$\square$ Have by-laws that include a description of who they are and their purpose.
$\square$ Have a bank account used exclusively for the booster club funds.
$\square$ Maintains accurate and complete financial records and have said records available for inspection upon request.
$\square$ Must obtain all required permits for all fundraising activities.
These items will remain on file in my office and may be reviewed at any time upon request.

Printed Name
Signature - Booster Club Representative

Printed Name

Accepted by the BOE on $\qquad$

Signature- Department Administrator

Signature- President of the BOE

