

SISD BOOSTER CLUB or ORGANIZATION REGISTRATION FORM
RETURNING ORGANIZATION

_____ recognized the authority of
(Name of Campus)

_____ to conduct student and organization related activities

for the benefit of _____
(Sponsored Program such as Football, Students, Band)

This registration is effective for the school year beginning _____ and ending June 30, _____.

The signatures affixed below signify acceptance of all Socorro Independent School District policies, University Interscholastic League regulations, and Federal (IRS), and Texas State laws regarding administration of booster clubs.

President

Date

Second Officer

Date

Principal of Program Sponsor

Date

Please fill out all pages and return to the SISD Volunteer Program, Attention: Rachel Tarango, Coordinator of Parent Volunteer Program.

SISD BOOSTER CLUB or ORGANIZATION REGISTRATION FORM
RETURNING ORGANIZATION PART TWO

Name of Banking Institution _____

Number of signatures required on checks _____ (2 is required 3 is optional)

Name of individuals authorized to sign checks (name/title)

Is the organization recognized as an exempt organization by the IRS

Yes

No

If (Yes) please provide a copy of the determination letter of exempt organizations

Has the organization applied for a sales tax permit?

Yes

No

Do you have liability insurance?

Yes

No

Please fill out all pages and return to the SISD Volunteer Program, Attention: Rachel Tarango, Coordinator of Parent Volunteer Program.