



# Alvord Unified School District

10365 Keller Avenue, Riverside, CA 92505 Telephone: (951) 509-5175 Fax: (951) 351-2135

## Annual Booster Club Approval Form

Board policy requires that all booster clubs request yearly authorization from the Board. The following questionnaire addresses the required information to be reported to the Board and allows the District to comply with the requirements of Governmental Accounting Standards Board (GASB).

This approval is for the current fiscal school year dated July 1 through June 30 and is due and renewable each year to the Assistant Superintendent of Business Services by August 31.

**Name of Organization:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

### Names, Addresses, and Phone Numbers

(It is recommended that AUSD employees not handle any of the financial activities of this organization, regardless of their work location.)

**President:** \_\_\_\_\_

\_\_\_\_\_

**VP** : \_\_\_\_\_

\_\_\_\_\_

**Treasurer:** \_\_\_\_\_

\_\_\_\_\_

**Secretary:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ :

\_\_\_\_\_

**Brief description of your organization's purpose:** \_\_\_\_\_

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**List of specific annual objectives:** \_\_\_\_\_

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**Bank name and address:** \_\_\_\_\_

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**Prior Fiscal Year Financial Information (July 1 through June 30)**

Beginning Bank Balance (As of July 1): \$ \_\_\_\_\_

Total Income (July 1 – June 30): \$ \_\_\_\_\_

Total Expenses (July 1 – June 30): \$ \_\_\_\_\_

Ending Balance (As of June 30): \$ \_\_\_\_\_

(Was this reconciled to the bank statement?)

YES    NO

**Who is authorized to sign checks and withdraw funds, etc.? (A minimum of two signatures should be required and stated in bylaws.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please provide a copy of evidence of booster club liability insurance.**

School Principal Use Only:
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**I certify that the following documents have been reviewed and are on file in my office:**

- Bylaws
- Year-End Financial Report from Prior Year (if group existed in prior year)
- Proof of Insurance

Site Administrator: \_\_\_\_\_  
Print Name and Site

Signature	Title	Date
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Submitted by: \_\_\_\_\_  
Print Name

Signature	Title	Date
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By signing, the organization agrees to and understands that the District may audit the group's financial records at any time, either by District personnel or a certified public accountant. A copy of this completed form must be kept by the booster club and one copy sent to the AUSD Fiscal Services Department, Attn: Janice Baxter.
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**Use of (District) Facilities permission is required – forms may be obtained from the school secretary. Completed forms must be submitted at least 2 weeks prior to event.**

Boosters: 7/2011