

Booster Club Name

BOOSTER CLUB APPLICATION PACKET

(Submit completed application to the school principal.)



Booster Club/Organization Name:	
Name of the School:	
The parents of Alvord Unified School District, hereby request	approval for the formation
of the	Booster Club
Name of Organization	
Objectives/Purposes of the group are:	
We, the members of this organization have read the rules for forganization and agree to abide by them. We will submit a corcopies of the proposed Constitution and By-laws to the Princip the application for approval.	ntact list, along with two
Organization Representative:	
	Date
Address/Phone #	
Principal's Approval:	
	Date
School Name:	