

**CLOVIS MUNICIPAL SCHOOLS  
PARENT ORGANIZATIONS AND BOOSTER CLUB INFORMATION  
FORM**

FOR THE SCHOOL YEAR 20\_\_\_\_ TO 20\_\_\_\_

Name of Organization \_\_\_\_\_

**Officers of Organizations:**

President \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

Vice President \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

Secretary \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

Treasurer \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please name three individuals who are authorized to make purchases in the name of the organization:

\_\_\_\_\_

Name and address of bonding company: \_\_\_\_\_

\_\_\_\_\_

The president of each group will sign a "Parent Organizations and Booster Club Information Form" and submit to the Supervisor of Accounting Services in Finance. Signature by the President below indicates agreement to follow all requirements as outlined by the guidelines, procedures and Board Policy.

\_\_\_\_\_

President

\_\_\_\_\_

Parent Organization or Booster Club

This information sheet is due to the Supervisor of Accounting Services after the first organizational meeting and election of officers.