

**Mission Consolidated Independent School District
Booster Club/Parent Organization Registration & Approval Form**

Name of Organization: _____

Purpose of Organization: _____

Student Group and/or Campus: _____

Faculty Contact for Organization: _____

Estimated Number of Parent Supporters: _____

We agree with the following statements:

- We have obtained and read a copy of the *Mission CISD Guidelines for Parent and Booster Organizations* and agree to abide by the rules and requirements it contains.
- We understand that noncompliance with any District policy or requirement may result in the disbanding of the organization.
- A copy of our organization's by-laws and IRS 501(c)(3) determination letter, if applicable is attached.
- A current list of officers with names, titles, phone numbers, and e-mail addresses is attached. We agree to submit an updated list every time there is a change in officers.

Submitted By:

_____ President	_____ Date	_____ Vice –President	_____ Date
--------------------	---------------	--------------------------	---------------

_____ Treasurer	_____ Date	_____ Secretary	_____ Date
--------------------	---------------	--------------------	---------------

(Note: Signatures are required for all current officers listed above.)

APPROVAL OF BOOSTER CLUB / PARENT ORGANIZATION:

_____ Campus Principal or Administrator	_____ Date
--	---------------

Effective for School Year: _____