

**MISSION CISD
BOOSTER CLUB / PARENT ORGANIZATION INFORMATION SHEET**

- I. Official Organization Name: _____
- II. School Name: _____
- III. Employer Identification Number (EIN): _____
- IV. Organization Mailing Address: _____

- V. Organization Officers:

President

Name: _____
Phone Number: _____
E-mail Address: _____

Vice-President

Name: _____
Phone Number: _____
E-mail Address: _____

Secretary

Name: _____
Phone Number: _____
E-mail Address: _____

Treasurer

Name: _____
Phone Number: _____
E-mail Address: _____

- VI. Has the organization obtained tax exemption from the IRS as a 501(c)(3) public tax exempt organization? _____ yes _____ no

This booster club information sheet must be updated annually. Please return to the Campus Principal.