

PINE-RICHLAND SCHOOL DISTRICT

Policy 915 - Required Information for Booster Groups

Name of Group: _____

Submitted By: _____

Email Address: _____

Contact Number: _____

Date Submitted: _____

Per PRSD Policy 915, the following information must be submitted each year by September 30th

1. Confirmation of 501(c)(3) Status. If you are a member of PRUBO, then you are a 501(c)(3)
2. Submittal of By-Laws - **ONLY** if they were updated this past fiscal year.
3. Copy of current budget and /or summary of last fiscal year financials
4. Copy of Signed Financial Audit letter for prior fiscal year
5. List of Officers for new fiscal year
6. Listing of FDIC Bank and Organizations EIN#
7. List of Fundraisers, with dates & descriptions (raffles, 50/50, etc.) for upcoming year

Please complete the following and include any additional information as required

1. 501(c)(3) Status

Do you want to continue as a member of PRUBO? Yes No If No, include explanation

2. By-Laws

Have your By-Laws changed this year? Yes No If Yes, include a copy

3. Bonding of Treasurer

Is your treasurer bonded? Yes No

4. Budget and/or Last Year Financial Summary

Did you include a copy of your budget and /or last year's financial summary Yes No

5. Signed Financial Audit Letter

Did you attach a copy of your signed audit? Yes No If No, include explanation

6. List of Officers for the New Fiscal Year

Term Dates From _____ To _____

PRESIDENT

Name: _____

Address: _____

Email: _____

Phone #: _____

VICE-PRESIDENT

Name: _____

Address: _____

Email: _____

Phone #: _____

SECRETARY

Name: _____

Address: _____

Email: _____

Phone #: _____

TREASURER

Name: _____

Address: _____

Email: _____

Phone #: _____

OTHER: Title _____

Name: _____

Address: _____

Email: _____

Phone #: _____

Other: Title _____

Name: _____

Address: _____

Email: _____

Phone #: _____

Other: Title _____

Name: _____

Address: _____

Email: _____

Phone #: _____

Please attach additional pages, as needed, to include all officers of your group.

7. Bank and Club EIN

FDIC Insured Bank Name & Address:

EIN#: _____

8. List of Fundraisers

Please give a brief description of your planned and/or anticipated fundraisers for the new fiscal year. Please attach additional information, as required.

NAME	DATE	LOCATION	DESCRIPTION (SGOC, DINNER, ETC.)