

**TWIN RIVERS UNIFIED SCHOOL DISTRICT
BOOSTER CLUB AND PARENT ORGANIZATION APPLICATION**

Booster Club/Parent Organization Name: _____

* Do not use the school's name or district name in your organizations name. If you use the school's mascot name it must officially have the word Booster or Parent Group (PTA -PTC-PTSC) in the title. Organizations established prior to the merge in 2008 have been grandfathered in and do not have to change their name.

Name of the School/Club/Sport your organization supports: _____

*If your organization supports the whole school and not a specific group then only the school name is needed above.

The parents/community members of Twin Rivers Unified School District, hereby request approval for _____ to be authorized to operate within the district.

Name of the Organization Listed Above

All Booster Club/Parent Organizations are considered separate organizations from Twin Rivers Unified School District. Therefore, the Booster Club/Parent Organization must have a separate name and Tax ID Number (TIN) with the IRS. A district employee may not be an officer of the organization.

Objectives/Purpose of the Booster Club/Parent Organization are: _____

We, the members of this Booster Club/Parent Organization have read the TRUSD Board Policy 1230 and Administration Regulation 1230 for requesting authorization to operate within the district and agree to abide by them. Included are the following required documents:

- Officer contact list including phone number and email
- CA State and Federal tax-exempt status determination letter under IRS Code Section 501(c)(3)
- Proof of (EIN) Form SS-4
- Copy of the organization's constitution and bylaws
- The bank branch where the organization banks
- The names of those authorized to withdraw funds
- Evidence of liability insurance

We agree to grant TRUSD the right to audit the financial records at any time, either by district personnel or certified public accountant. We will update the district with any changes made to our organization name, tax status, and trustees. We agree to comply with all the Districts requests for information.

Signature of Organization Representative

Date

Address/Phone No. _____

Contact Email: _____

Approved By: _____

Site Administrator's Signature

Date

Board Approved: _____

Board Representative Signature

Date Approved