



ANNVILLE-CLEONA SCHOOL DISTRICT

BOOSTER CLUB ANNUAL REPORT

GENERAL INFORMATION

Name of Organization		School Site	
Mailing Address		School Year	
		Annual Report Date	

EXECUTIVE BOARD OFFICERS

	Name	Address	Phone	Email
President				
Vice President				
Secretary				
Treasurer				

PURPOSE *(describe the purpose of the organization)*

ANNUAL OBJECTIVES *(list specific goals for the school year)*

FINANCIAL INFORMATION

Name of Bank		Account Number	
Address of Bank		Authorized Signers	
Tax ID # (EIN)			

REQUIRED DOCUMENTS *(attach copies)*

- | | |
|--|---|
| <input type="checkbox"/> Booster Club Bylaws | <input type="checkbox"/> Bank Statement June 30 |
| <input type="checkbox"/> 2015-2016 Budget | <input type="checkbox"/> 2014-2015 Financial Report |

Signature of Booster Club President: _____ Date: _____

Signature of Booster Club Treasurer: _____ Date: _____

APPROVAL (District Use Only)

District Authorization: _____ Date: _____

Authorized From: _____ to _____