

CHINO VALLEY UNIFIED SCHOOL DISTRICT
Parent Organization/Booster Club Request for Authorization to Operate

GENERAL INFORMATION

Parent Organization/Booster Club Name: _____	School Year: _____
	School Site: _____
Mailing Address: _____	
E-mail Address: _____	

PURPOSE (Describe the purpose of the organization)

GOALS (List specific goals for the school year)

All parent organizations/booster clubs operating in the CVUSD must be established as non-profit entities under Section 501(c)(3) of the Internal Revenue Code and must have their own Tax Identification Number. All Parent Organizations/Booster Clubs are responsible for their own tax filings and accounting.

REQUIRED DOCUMENT (I certify that copies of all of the following documents required by the District are attached to this Request)

- | | |
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| <input type="checkbox"/> Parent Organization/Booster Club Constitution
<input type="checkbox"/> Parent Organization/Booster Club Bylaws
<input type="checkbox"/> 501(c)(3) Federal Determination Letter
<input type="checkbox"/> Proof of Tax ID No.
<input type="checkbox"/> California Seller's Permit
<input type="checkbox"/> Proof of State Tax Exempt Status
<input type="checkbox"/> Certificate of Insurance
<input type="checkbox"/> Naming CVUSD as Additional Insured Endorsement
<input type="checkbox"/> List of Proposed Fundraisers | <input type="checkbox"/> Parent Organization/Booster Club Bank Information (Exhibit B)
<input type="checkbox"/> Parent Organization/Booster Club Officers Contact Information (Exhibit C)
<input type="checkbox"/> Parent Organization/Booster Club Operating Manual Acknowledgement Form (Exhibit D)
<input type="checkbox"/> Parent Organization/Booster Club Hold Harmless Agreement (Exhibit E) |
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NOTE: Any information or required documents missing from this request will prevent a parent organization/booster club from being approved by the CVUSD Board of Education.

PARENT ORGANIZATION/BOOSTER CLUB PRESIDENT SIGNATURE

As the parent organization/booster club president, I have read this form and hereby agree to abide by its terms. This authorization when granted will be valid until June of the following school year; however, we understand that if the Superintendent or Designee considers it necessary, this authorization to operate can be revoked at any time.

Signature: _____	Date: _____
Printed Name: _____	

SCHOOL SITE APPROVAL

Administrator

Signature: _____

Date: _____

Activities Director

Signature (HS only): _____

Date: _____

CVUSD BOARD OF EDUCATION APPROVALChino Valley Unified School District Board of Education Recognition and
Authorization to Operate for school year: _____

____ 20 - 20

Board Approved on: _____

Date

Chino Valley Unified School District

Director, Business Services_____
Date