TWIN RIVERS UNIFIED SCHOOL DISTRICT
BOOSTER CLUB AND PARENT ORGANIZATION APPLICATION

Booster Club/Parent Organization Name: ____________________________________________

*It is recommended not to use the name of the school or school mascot in the name of the Booster Club/Parent Organization but if used, must add Booster or PTA (Parent Teacher Association) or PTC (Parent Teacher Club) or PTSC (Parent Teacher Student Club) to the organizations 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

Revised 02-24-22