

**BOOSTER GROUP OFFICER INFORMATION**  
**YEAR \_\_\_\_\_**

PLEASE fill in the name, address and phone number of all newly elected or returning officers of your Fayette County School Support Group. This information is extremely important! Please send this information as soon as your officers have been elected, deadline for having this information to the district is September 15. A copy of this form must also be sent to your school Principal for audit review compliance. You should keep a copy for the Association's records as well.

Name of Group \_\_\_\_\_

Name of School and Principal \_\_\_\_\_

School Address \_\_\_\_\_

Name of Organization \_\_\_\_\_

Organization President \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Vice President \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Secretary \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Treasurer \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

(Additional officers and board members may be attached or listed on the back of this sheet)

If your organization president changes any time during the year, please notify the Principal at once.

Thank you very much for all you do for our Children!!