

**Wylie Independent School District  
Booster Club Leadership Information Sheet**

Each Booster Club must complete the following information each school year by **October 1**.

New Club       Existing Club      # of Members: \_\_\_\_\_

Campus: \_\_\_\_\_ School Year: \_\_\_\_\_

Booster Club Name: \_\_\_\_\_

**President:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Vice-President:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Institution Information:**

Bank Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

*This information must be completed by the newly appointed secretary for the upcoming year and submitted to the campus principal for submission to the Accounting Department.*

As incoming Secretary, I have read the Wylie Independent School District Booster Club Guidelines. I understand the procedures outlined in this document and will adhere to its instruction. At any time should I have questions regarding procedures or information outlined in this document, I will contact the Wylie ISD Accounting Department for further instruction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**For Business Office Use Only**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_