

**Quitman School District
Booster Club Yearly Recognition Form for 2016- 2017 School Year**

This form is to be completed and returned to the Superintendent's office by no later than September 1st of each year

Name of Booster Club:

List of Current Officers for 2016-2017

Name and Position:	Address:	Phone #:

By my signature below:

I understand that all advertisements, invoices, correspondence, etc. will be in the name of the organization, not Quitman School District. The mailing address and phone numbers referenced will not be that of Quitman School District. I also understand that my organization is not allowed to use the Quitman School District tax identification number. My organization must secure its own tax identification number, as required by law. I also

understand that my organization is not exempt from sales tax unless so approved by the State of Mississippi with a sales tax exemption certification.

- Also, 1) our club's bank statements will be reconciled on a monthly basis,
2) checks will be signed by an officer of the organization, not to be the same officer who reconciles the bank statements,
3) all records of the organization will be maintained for a period of five years.

I have attached;

- _____ 1) a statement of purpose or a copy of the constitution and bylaws of my organization,
- _____ 2) a list of fundraisers and the date(s) the fundraisers will be held,
- _____ 3) a copy of our certificate of exemption for the Secretary of States,
- _____ 4) a list of revenues and expenses from the previous year (July 1 – June 30), and
- _____ 5) a copy of each month's reconciled bank statement from the previous school year (July 1 – June 30).

I understand that this list must be approved by the Superintendent and/or School Board each school year.

President's Signature

Secretary's Signature

Date