

**Garland ISD**  
**Booster Club Leadership Information Sheet**

Each Booster Club must complete the following information each school year by **September 15**.

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 Division of Finance.*

As incoming Secretary, I have read the Garland Independent School District Booster Club Guidelines. I understand the procedures outlined in this document and will adhere to its instruction.

\_\_\_\_\_  
Secretary Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

For Business Office Use Only

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_