**DHS Booster Club & School Support Organizations**

**Officer Information**

Submit officer information to the principal’s office immediately following your organization’s election. Elections must be held annually. A copy of this form should also by maintained by the organization.

**A copy of the organizations fidelity bond and liability insurance**

**should be submitted with this form.**

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport/Department Supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**President**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First and Last Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address OR PO Box, City, State and Zipcode

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Phone Number(s) and Email Address

**Vice President**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First and Last Name)

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Street Address OR PO Box, City, State and Zipcode

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Phone Number(s) and Email Address

**Treasurer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First and Last Name)

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Street Address OR PO Box, City, State and Zipcode

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Phone Number(s) and Email Address

**Secretary**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First and Last Name)

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Street Address OR PO Box, City, State and Zipcode

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Phone Number(s) and Email Address