

**Scott County Schools Athletic
Booster Application 2010 – 2011**

Name of Group _____ Date _____

Team _____ School _____

Internal School Account _____ External Bank Account _____

Bank _____ EIN # _____

(not applicable groups operating within the athletic office at the high school)

Officers (provide information requested below)

President - Name _____ Phone _____

Address _____ E-mail _____

Vice President - Name _____ Phone _____

Address _____ E-mail _____

Secretary Name _____ Phone _____

Address _____ E-mail _____

Treasurer - Name _____ Phone _____

Address _____ E-mail _____

Signatures required- Head Coach and Booster's President (or parent representative)

President _____ Date _____

Coach _____ Date _____

Director of Athletics
Scott County Schools _____ Date _____

Board of Education Approved _____ Denied _____

GO CARDS !