



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**  
**PARENT SUPPORT/BOOSTER ORGANIZATION**  
**APPLICATION FOR REAUTHORIZATION – YEAR 2020/2021**

Name of Organization: \_\_\_\_\_ No. of students served by club \_\_\_\_\_

**Booster Club Taxpayer Identification Number:** \_\_\_\_\_ Club President verified that Booster Club Taxpayer ID provided on this application shows that "Registration Status is Current" on the California State Attorney General's Registry of Charitable Trust website at <http://rct.doj.ca.gov/MyLicenseVerification/Search.aspx?facility=Y> \_\_\_\_\_ **(President, Please Initial)**

<u>Current Officers:</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ZIP</u>	<u>PHONE</u>
President/Chair:	_____				
President's email address:	_____				
Vice-Pres./Chair:	_____				
Secretary:	_____				
Treasurer:	_____				
Treasurer's email address:	_____				

<u>Since the last approval:</u>	<u>YES</u>	<u>NO</u>
Has the organization changed 501c3 status?	_____	_____
Have the audit procedures changed?	_____	_____
Has the Constitution been amended? <i>If yes, please submit updated document</i>	_____	_____
Have the Bylaws been amended? <i>If yes, please submit updated document</i>	_____	_____
Did the organization directly pay wages to <u>anyone</u> since last November?	_____	_____
<b>Will the organization ask the District to hire or pay wages to anyone?</b>	_____	_____
<b>Does the organization have any unpaid debts or loans?</b>	_____	_____

**Note: Booster clubs are not permitted to hire or pay wages to anyone directly.**

**ATTACH the following items and submit to the school principal (CLUBS MUST USE CVUSD FINANCIAL STATEMENT, PROPOSED BUDGET & AUDIT REPORT FORMS provided)**

- Annual Financial Statement for July 1, 2019 through June 30, 2020, including beginning balance, specific actual income & expenses, and ending balance.
- Annual Proposed Budget for July 1, 2020 through June 30, 2021, including beginning balance, specific projected income & expenses, and ending balance.
- Annual Audit Report
- Booster Club meeting Minutes that document approval of the Annual Election of Officers, and Proposed Budget (highlighted)
- One copy of Booster Club's Bylaws to be submitted to the Principal for on-site filing (bylaws must specify that all members have voting rights and two signatures are required on all checks issued by the Booster Club)

Continued on reverse...

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I understand and agree that all officers of this booster club are expected to:

- (1) Appropriately support all staff who have responsibility for the program or activity being supported by this booster club,
- (2) Appropriately support all student participants,
- (3) Promote appropriate, supportive behavior and sportsmanship among all members of the booster club, and
- (4) Adhere to all regulations pertaining to AB 1575 (Student Fees) (**see below\***)

**\*Section 5 of Article IX of the State of California Constitution guarantees students a “free public education.”** The State Supreme Court concluded in the 1984 case of Hartzell v. Connell (35 Cal.3d.899 (1984)), “that all educational activities carried on by public school districts, extra-curricular as well as curricular, must be without cost to the students who participate in such activities.” This same ruling found that “mandatory fees for participating in such extra-curricular activities as drama, music, and athletic competition were illegal under the State Constitution.” Furthermore, they also rejected the argument that “fees could be charged so long as the district waived fees for students who were financially unable to pay.”

**I have examined this application and have been advised on AB 1575 regulations by site administration. To the best of my knowledge this application is accurate and complete.**

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Date	<b>President’s Signature</b>	Name (typed or printed)
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Date	<b>Treasurer’s Signature</b>	Name (typed or printed)
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*School Use:*  
 I support this Application for Reauthorization:

**District Office Personnel:**  
**Has the booster club paid all prior year(s) obligations to CVUSD in full?**  
 Yes \_\_\_ No \_\_\_  
**Employee’s Initials:** \_\_\_\_\_

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Date	<b>Principal’s Signature</b>
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Date	<b>Director’s Signature</b>
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**BOOSTERS: SUBMIT *SIGNED* PACKET WITH ALL FORMS & DOCUMENTATION  
TO NPHS ATHLETICS/ACTIVIES OFFICE FOR REVIEW  
BY Friday October 2, 2020**