

Leander ISD Booster Club Information Sheet

Send an updated copy of this form to the Business Services Department and to your School Principal or Administrator as new officers are elected or as information changes.

1. **Official Booster Club Name:** _____

2. **School Name:** _____

3. **Sponsor's Name:** _____ **Phone #:** _____

4. **Taxpayer Identification Number:** _____

5. **Official Mailing Address:**

PO Box / Street Address: _____

City, State & Zip Code: _____

6. **Date of Change:** _____ (If election; Date held: ____ / ____ / ____)

7. **Current Booster Club Officers for the _____ School Year**

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			



By law, information on this page is subject to public information law and may have to be released to the public if requested.



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7. Current Booster Club Officers (Continued)

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
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Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
LISD Employee	Check one Yes _____ No _____		
Phone Numbers:	Hm:	Wk:	Cell:
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