

## Leander ISD Booster Club Information Sheet

**Send an updated copy of this form to your School Principal or Administrator as new officers are elected or as information changes. Your campus will forward to the District office.**

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:
E-mail Address:			



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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 _____		
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