

**Southwest Independent School District
Booster Club Statement of Purpose**

School Year _____

Campus _____

Booster Club Name _____

President _____ Phone Number _____
Address _____ Email address _____

Vice President _____ Phone Number _____
Address _____ Email address _____

Treasurer _____ Phone Number _____
Address _____ Email address _____

Other Officers _____ Phone Number _____
Address _____ Email address _____

Other Officers _____ Phone Number _____
Address _____ Email address _____

Other Officers _____ Phone Number _____
Address _____ Email address _____

Other Officers _____ Phone Number _____
Address _____ Email address _____

Sponsor _____ Phone Number _____
Address _____ Email address _____

Objectives of the Club and a brief statement as to how obtaining the objectives will have a positive effect on the educational programs of the District:

Approval by: _____ Date _____
(Principal's signature)

Distribution: Campus Principal, Membership, and SWISD'S Assistant Superintendent for Business and Finance