



CHEEKTOWAGA CENTRAL SCHOOL DISTRICT

**2024-2025 SCHOOL YEAR**

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## **Application for Board of Education Recognition of Booster Clubs & Related Organizations**

Date of Application \_\_\_\_\_

Name of Club or Organization \_\_\_\_\_

Person making request \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**All information on the reverse side of this form must be completed.**

I have read, understand and agree that the booster club will abide by the Board of Education Policies related to Booster Clubs and related organizations (see attached) as listed below and understand that any violations of District Policy or regulations may result in the withdrawal of recognition of the club.

Policy 3271  
Policy 3272  
Policy 5230  
Policy 7422  
Policy 7423  
Policy 7450

Solicitation of Charitable Donations from School Children  
Advertising in Schools  
Acceptance of Gifts, Grants and Bequests to the School District  
Booster Clubs and Related Organizations  
Booster Clubs and Organizations Fundraisers: Alcohol Use and Consumption  
Fund Raising by Students

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

.....  
*Date of Board of Education Recognition* \_\_\_\_\_

*Signature of Board of Education President* \_\_\_\_\_

**Purpose of the Booster Club/Related Organization**

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**Anticipated Activities  
(2024-25)**

**Anticipated Date(s)  
(2024-25)**

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**Anticipated Fundraisers  
(2024-25)**

**Anticipated Date(s)  
(2024-25)**

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