

# LCHS CARDINALS Booster Account Registration Form

This Registration Form is good for the current Academic School Year

Sport/Group Name at LCHS (will be used as account name)	Today's Date	Current Academic Year
Sport/Group Sponsor Name (Coach or Staff member) <i>Required</i>	Phone	Signature
Primary Contact Name (President, Coach, or Staff Member)		
Address	City, Zip	
Contact Phone Home:	Contact Phone Cell:	
Email Address	Signature	
Secondary Contact Name/Title		
Address	City, Zip	
Contact Phone Home:	Contact Phone Cell:	
Email Address	Signature	
<b>Any additional persons authorized to withdraw funds, submitted check requests, deposits, or transactions from this account? (If applicable)</b>		
Name, Title 1	Address:	
Phone:	Cell Phone	
Email	Signature:	
Name, Title 2	Address:	
Phone:	Cell Phone	
Email	Signature:	
Purpose of this Account:		
This form is required to be on file each academic year or whenever there is a personnel change to the names on this form.		

**Administrative Fees:**

**Number of student participants as determined by first day of practice or class during the previous school year**

\_\_\_\_\_ x \$1 = \_\_\_\_\_

Revised 9/10/18

Booster Use Only
Date Received: _____
Director: _____
Date Transfer of Funds Completed _____
Notification to Group Sent _____

# CARDINALS BOOSTER ACCOUNT BUDGET

Group Name \_\_\_\_\_ Year: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Is this a Budget Revision? \_\_\_\_\_

Director: \_\_\_\_\_

Are you a:                      Committee                      Affiliate                      Sub Group

Goals (must be in line with Cardinals Booster Purpose)

- 1.
- 2.
- 3.

(enter additional rows as necessary)

Keep in mind that your budget only needs to reflect only items that you plan on using your CBC account for. Do not include any ASB expenses/income.

Item #	Itemized Description	Revenue		Expenses	
		Formula	Totals		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
	TOTALS				
				Expected Revenue	
				Expected Expense	
				Expected Carry-over Balance	

# LCHS Booster Club Funds Transfer

Date:

Requestor:

Group:

## Inter-Club Transfer

Reason for Check: Yearly User Fees

Number of players at the first day of practice in PREVIOUS season: \_\_\_\_\_

Amount: (\$1.00 per player as listed above) \$ \_\_\_\_\_

This amount will be transferred from your Club/Sport account directly into the Cardinals Booster General Funds to cover administrative costs including banking fees (less credit transactions) and group event insurance. Please note – some events may require additional insurance.

Authorized User:

Address:

City:

State:

Zip:

Reason for check: Yearly User Fees

Number of players at first day of practice in 2018-2019 season: \_\_\_\_\_

Authorized By (write your name):

Signature:

Date: