

COHS Wolfpack Booster Group Registration Form

This Registration Form is good for the current Academic School Year

Sport/Group Name at COHS (will be used as account name)	Today's Date	Current Academic Year
Sport/Group Leader/Advisor Name (Coach or Staff member) Required	Phone	Signature
Primary Contact Name (President, Coach, or Staff Member)		
Contact Phone:		
Email Address	Signature	
Any additional persons authorized to withdraw funds, submitted check requests, deposits, or transactions from this account? (If applicable)		
Name		
Phone:		
Email		
Name		
Phone:		
Email		
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.		
Annual administrative Fee to participate as a WPB group: 2% of budget or \$75.00 whichever is greater. If a group has funds in the WPB financial banking account, the registration fee will automatically be deducted as of September 15th of each school year. Registration paperwork needs to be completed each year in order to participate as a WPB group and access funds and services of WPB.		
The COHS Booster Club Funds Transfer form included in this registration packet (page 3) must be completed as acknowledgement of the registration fee transfer.		

COHS BOOSTER ACCOUNT BUDGET

Group Name _____

Year: _____

Date: _____

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

Item #	Description	Estimated Expenses
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
	TOTAL	
	2% of Total	

COHS Booster Group Funds Transfer

Date:

Requestor:

Group:

Inter-Group Transfer

Reason for Transfer: Yearly Group Registration Fees, pick the larger amount

Amount: \$75.00

2% of budget

This amount will be transferred from your group account directly into the COHS Booster General Funds to cover administrative costs including banking fees, website management and group event insurance. Please note – some events may require additional insurance.

Authorized User:

Signature:

Date: