



SCHOOL SUPPORT ORGANIZATIONS FORM

SCHOOL SUPPORT ORG. _____

COACH/SCHOOL NAME _____

FEDERAL ID # (EIN) _____

(Provide Bookkeeper with copy of IRS notice)

NON-PROFIT STATUS	YES	NO	APPLIED
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President

Name _____

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Vice President

Name _____

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Secretary

Name _____

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Treasurer

Name _____

Address _____

City _____ Zip _____

Phone # _____ Cell # _____

Email Address _____

Election Date _____

NOTES: _____

Required Documents Received: _____
Principal's signature Date