



PACIFICA SCHOOL DISTRICT

Parent Teacher Organization Application<sup>1</sup>

Application Date: \_\_\_\_\_

Booster Auxiliary Organization Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Check one: ☐ Initial Application ☐ Renewal:

The parents of Pacifica School District hereby requests approval for the formation of the

\_\_\_\_\_ Booster Auxiliary Organization.  
Name of Organization

Objectives / Purposes of the Booster Auxiliary Organization are:

Booster Auxiliary Organization Official Mailing Address:

Official Name: \_\_\_\_\_

PO Box/Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Booster Auxiliary Organization Officers:

Position Held	Name	E-mail Address

Is the organization a 501(c)(3) tax-exempt? ☐ Yes ☐ No

<sup>1</sup> FCMAT, Chapter 21 Booster Clubs, Foundations, Auxiliary Organizations and Other Parent-Teacher Associations

