



PACIFICA SCHOOL DISTRICT

Parent Teacher Organization Application¹

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

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

