

ALBUQUERQUE PUBLIC SCHOOLS

AUTHORIZATION/DENIAL OF PARENT ORGANIZATION/BOOSTER CLUB

School: _____	Date: _____
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THIS SECTION TO BE COMPLETED BY THE PARENT ORGANIZATION/BOOSTER CLUB:

Name of Organization: _____

Objective: _____

Officers:
(List all officers and contact information (i.e., telephone number) - please be reminded that APS employees, regardless of their work location, may not handle any of the financial activities of this organization)

President:	_____
Vice President:	_____
Treasurer:	_____
Secretary:	_____

SCHOOL PRINCIPAL USE ONLY:

I certify that the following documents have been reviewed and are on file in my office:

Bylaws Year-end Financial Report from Prior Year Proof of Bonding
(only applicable if group was in existence during prior year)

The above-named organization has been: Approved Denied (see Comments below)

Comments: _____

Principal's Signature: _____ Date: _____

A COPY OF THE COMPLETED FORM MUST BE PROVIDED TO THE ORGANIZATION/CLUB AND SENT TO THE APS FINANCE DEPARTMENT C/O ACTIVITY FUND TECHNICAL ASSISTANT