

STUDENT CLUB SPONSORS AND OFFICERS FORM

SPONSOR 1 NAME: _____

SPONSOR 2 NAME: _____

SCHOOL NAME: _____

SCHOOL YEAR: _____

CLUB NAME: _____

OFFICERS NAMES AND TITLES

Officer Name	Officer Title	Office Signature

I hereby acknowledge that I have viewed and signed the BISD Employee/Sponsor Cash Collection & Disbursement Training and that I am responsible for complying with it. I understand that I will be held responsible for any student funds entrusted to me and that I will reimburse the District or student organization for any money which is lost due to carelessness, theft, fraud, or failure to follow established procedures.

Employee/Sponsor 1 Signature

Date

Employee/Sponsor 2 Signature

Date

*****Original kept by Campus Secretary and copy sent to Accounting Manager when sponsors and officers are named at the beginning of each school year and/or if sponsors/officers change*****