

## 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	Officer 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\*\*\***