Livingston High School

Booster Club Application Form _____ School Year

Name of Group:	Date of Application:	
Activity Supporting:		
Tax Status (if any):		
Gaming License Number (if possessed)		
Purpose of Booster Club:		
Booster Club Application Form submitted by:		
Name:	Home Phone:	
Address:	Cell Phone:	
Email:	Title:	
Additional Contact:		
Name:	Home Phone:	
Address:	Cell Phone:	
Email:	Title:	
<u>Liason –Rep. to Big L Club</u>		
Name:	Home Phone:	
Address:	Cell Phone:	
Email:		
Applicant Signature:	Date:	
Coach / Advisor Signature:	Date:	