

**Lewisville Independent School District  
Booster Club Statement of Purpose**

School Year \_\_\_\_\_

Campus \_\_\_\_\_

Booster Club Name \_\_\_\_\_

**President** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

**Vice President** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

**Treasurer** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

**Other Officers** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

**Sponsor** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

**Objectives of the Club and a brief statement as to how obtaining the objectives will have a positive effect on the educational programs of the District:**

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Approval by: \_\_\_\_\_ Date \_\_\_\_\_  
(Principal's signature)

Distribution: Campus Principal