

DATE: _____

SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION

**APPLICATION FOR RECOGNITION AS AN ACTIVITY
GROUP**

Activity/Sports Group Name _____

Activity Director/Head Coach Name _____

Name of Elected Activity Group Representative _____
**Address, Telephone, Email Contact Information (will be posted on
Website)**

Name of Alternate Activity Group Representative _____

Date of Notification of Initial Organizational Meeting _____

Date of Initial Organizational Meeting _____

Schedule of Activity Group Meetings _____

Signature of Head Coach _____

Signature of Athletic/Activities Director _____

Forward this completed form to the President of the South Elgin High School Booster Foundation for consideration at the next Booster Foundation Meeting.