

DATE: _____

SOUTH ELGIN HIGH SCHOOL BOOSTER FOUNDATION

**CHANGE IN DIRECTOR OR COACH/SPONSOR
INFORMATION FOR RECOGNIZED ACTIVITY GROUP**

Activity Group _____

Coach/Sponsor Name _____

Email address _____

Telephone _____

Elected Booster Director Name _____

Email _____

Telephone _____

Date of Change _____

Head Coach Signature _____

Athletic Director Signature _____