## **ATHLETIC TRUST REGISTRATION PACKET**

Eastlake High School - ASB Coaches: Please complete as soon as possible



Coaches,

School Year:

Thank you for taking the time to coach a sport(s) at Eastlake High School. We appreciate your hard work and dedication to our students.

### It is necessary that all sports register EVERY year though the ASB office.

This athletic packet is designed to help you submit all the appropriate paperwork so you may begin team activities and fundraisers for the school year.

\*\*\*PLEASE NOTE that the coach's signature that appears in this packet MUST BE THE SAME signature on all deposits, fundraisers, check requests, and other official documents turned into ASB.

- 1. Please *complete and return* this entire packet to the ASB with all documents signed:
  - ATHLETIC CHARTER
  - COACH ACKNOWLEDGEMENT
  - TEAM ROSTER
  - ATHLETIC ADVISOR/ COACH CONTRACT
  - PROPOSED BUDGET

It is ESSENTIAL that all forms are completed THOROUGHLY before being returned. An athletic charter must be completed before conducting any fundraisers or activities.

PLEASE READ CAREFULLY and keep a copy of this application in your files. You may refer to it when needed.

To ensure efficient communication between the ASB and your team, please provide a valid email address at which you may be reached:

David E. Lopez	Sarah Camacho	Jessa Ponce	
Assistant Principal	ASB Account Tech	ASB VP	
	(For ASB Use Only)		
In accordance with the authority veste Student Body of	d in the Student Council/Senate by t of Eastlake High School, this charter i		
Appro	vedNOT app	roved	
Explanation,			
Principal	Assistant Pr	incipal of Student Activities	
ASB Vice-President		ASB Account Tech.	
	ASB Approval Date		

ancestry/ethnicity, marital or parental status, age physical or mental disability, sexual orientation or any other unlawful consideration. SUHSD Board Policy #2224

#### AUADTED ADDUGATION $\mathbf{D}$ / $\mathbf{A}$ THE FTIA

	GLUB/ATHLETIG GHARTER APPLICATION	
Associated Student	Body	
Name of the	e Club/Team:	•
Name of Ad	visor/Coach:	
Advisor/Co	aches E-Mail	
Name of Tea	am Captain:	
Student Rep	p/Captains E-Mail	
Purpose of	Club/Athletic Trust Account:	
a.	Funds will be raised by	
b.	Funds will be used for	
Membersh		
a.	Members must be a student body member of Eastlake High School.	
b.	Members must meet the following GPA and attendance requirement qualify for membership (if applicable).	s to

Signature of Advisor/Coach

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## **ADVISOR/COACH ACKNOWLEDGMENT**

I,, request that	
(Name of Advisor/Coach)	(Club/Athletic Trust)

be considered for school affiliation. I understand that the following legal requirements and school regulations are now being observed and will continue to be observed in the future:

- 1. All school-affiliated athletic trusts shall have open membership.
- 2. An advisor/ coach will be in attendance at all club/athletic functions.
- 3. The primary objectives of school affiliated club/athletic trusts are either educational objectives or service to the school. Club/Athletic trusts whose major purpose is social will not be recognized.
- 4. Club/Athletic recognition is on a year-to-year basis.
- 5. No initiations of any kind are permissible under the state law.
- 6. All school-affiliated clubs/athletic trusts must have a roster on file with the ASB Office.

This charter is held subject to all rules and regulations for student organizations and conditions stated in the application for a charter. Violation of any of these provisions will be sufficient cause for the charter to be revoked.

Signature of Coach

Print name of Coach

Signature of Student Representative

Date

Date

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Print name of Student Representative

### **CLUB/TEAM ROSTER**

### Membership Roster for \_\_\_\_\_

Name of Club/Sport

1	26
2	
3	28
4	29
5	30
6	31
7	32
8	33
9	34
10	35
11	36
12	37
13	
14	
15	40
16	
17	42
18	43
19	44
20	45
21	46
22	47
23	
24	49
25	

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# **CLUB/ATHLETIC ADVISOR/ COACH CONTRACT**

Advisors/Coaches: Please complete as soon as possible

Club advisors/Coaches,

Thank you for taking the time to advise/coach a sport(s) at Eastlake High School. We appreciate your hard work and dedication to our school.

This contract is designed to guide you through the procedures that go along with advising/coaching a sport. Return this contract, signed, to the ASB office.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY and keep a copy of this contract in your files. You may refer to it when needed.

### 1. FUNDRAISERS

- **a.** All forms need to be turned in at a scheduled ICC meeting by a team/club's student rep or advisor. At that time, only the top portion of the district form need to be filled out.
- b. At the completion of your fundraiser, the advisor or a student rep is responsible to complete the reconciliation portion (middle section) of the fundraiser form for audit purposes. <u>Disciplinary action can and will be taken if funds raised or expenses are not deposited in a timely manner.</u>
- c. The Fundraiser Approval form does <u>NOT</u> automatically approve any expenses associated with the fundraiser. You need to go through the PRIOR Approval process for these as well.
- d. Back-up documentation is required in order for the ASB to accept money deposit for fundraiser for example:
  - i. If you are selling items i.e. concessions, then a tally sheet of the amount of each item sold
  - ii. If you are soliciting (asking for) donations of any kind, then a list of the dollar amount of each donation
  - iii. If you are collecting money at the door for your banquet, then a list of the students and the amount of money collected from them for their guests.

\*\*\* IF YOU HAVE ANY QUESTIONS ABOUT WHAT DOCUMENTATION YOU WILL NEED TO TURN IN PLEASE SEE MS. CAMACHO **PRIOR** TO THE FUNDRAISER!

- **e.** If your fundraiser requires ticket sales, please notify the ASB and we will provide you with tickets. You MUST use pre-number tickets that we will provide to you.
- **f.** In the process of ticket reconciliation, if you do not return the correct monetary amount of tickets sold or you do not provide the remaining unsold tickets, your club account **will be penalized** with the difference of the amount still owed.

### 2. **DEPOSITS**

a. Deposits must be returned to the ASB in a timely manner. Please complete ALL PARTS of the form. This includes the itemized inventory sheet and BOTH signatures. All deposits must be turned in to MS. Camacho, please do not leave on her desk.

#### 3. U.S. CURRENCY ONLY

a. All club transactions must be made in United States currency. Receipts of transactions made in foreign currency, including pesos, will not be acceptable documents for check requests

#### 4. **EXPENSES**

- a. ALL Expenses MUST be approved by your Team, documented in Meeting Minutes, <u>AND</u> our ASB students BEFORE placing an order or purchasing item(s). If anyone purchases items before Approval is acquired, you will NOT be reimbursed and we thank you for your donation.
- b. All documents must be turned in to Ms. Camacho by Monday BEFORE LUNCH for approval from our ASB students at their meeting After School on Monday. IF Monday is a Holiday, then Tuesday will be the approval day.
- *c.* District policy prefers to purchase only from companies that accept purchase orders.
- *d.* The purchase of ANY type of gift card is NOT permitted for any reason and will NOT be reimbursed. It is considered a gift of public funds.

#### 5. PURCHASE ORDER

- a. If you need a purchase order please submit the following:
  - i. Team Meeting Meeting Minutes approving the expenditure
  - ii. PRIOR APPROVAL From
  - iii. Estimate/Quote
- b. The items listed above need to be turned in at least <u>2 WEEKS Prior</u> to needing a Purchase Order to issued.
- a. Invoice must be turned in <u>AFTER</u> items are received and signed by advisor

### 6. CHECK REQUESTS

- a. Prior Approval still needs to be
- b. Include with your completed check request form the following: -Meeting minutes

-Signed invoice/ Original Itemized Receipt with details of all items purchased. It Must be the original and NOT a copy of the receipt. NO credit card receipts will be accepted, only itemized receipts.

c. Checks may be made out ONLY to parents, guardian or club advisors.

\*Please note that there will be no disbursement of funds before goods/ services have been received.

#### 7. FOOD VENDORS

a. The district has an approved Food Vendor List. We need to follow this.

#### 8. ATHLETIC CERTIFICATES

a. Coaches are responsible for submitting the necessary **TYPED** paperwork at the end of the season for team awards. Handwritten paperwork for awards will **NOT** be accepted.

Please make sure you have read this document carefully and thoroughly before signing.

Sincerely,

David Lopez

Assistant Principal Student Activities

By signing, you acknowledge that you have read all the information above and understand that is your responsibility to complete all of the procedures as stated.

Name (please print): \_\_\_\_\_\_.

Club/Sport: \_\_\_\_\_\_.

Club Advisor/Coach Signature

Date

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PROPOSED BUGET

Associated Student Body EXAMPLE HIGH SCHOOL

	CARIVIPLE OI	GH SCHUUL				
Trust #:	2478					
Trust Name:	Cheer Club					
Destanting Chil	Delever	<i>*</i>	5 000 00			
Beginning Club		\$	5,000.00			
	Amount carr	ied over from prior ye	ar (cneck with ASB)			
Estimated Inco	ome					
1 Spirit Gear		\$	2,000.00			
2 Snap Fundraise	er	\$	1,500.00			
3		\$	· _			
4		ć	_			
-		, ,	-			
5		\$ \$ \$ \$ \$ \$	-			
6		\$	-			
7		\$	-			
8		\$	-			
9		s	-			
10		ŝ				
10		Ş	-			
		Total \$	3,500.00			
Estimated Exp	enses			ASB OFFICE USE		
1 Uniforms		\$	2,000.00	Open PO orVendor Check		
		\$	500.00	/		
2 Tumbling Mats				Open PO orVendor Check		
3 Bows		\$	500.00	Open PO orVendor Check		
4 Open PO - Mise	c. Supplies (Coach - Ms. Apple)	\$	500.00	↓Open PO orVendor Check		
5		\$ \$ \$	-	Open PO orVendor Check		
6		\$	-	_Open PO orVendor Check		
7		s	-	Open PO orVendor Check		
8		\$	_			
		ç		Open PO orVendor Check		
9		\$	-	Open PO orVendor Check		
10		\$	-	Open PO orVendor Check		
		Total \$	3,500.00			
	Su	nmary				
	Estimated I		3,500.00			
	Estimated Exen					
			3,500.00			
		Income \$	-			
	Should be \$0 or posit	ive (expenses snould	not exceed income)			
Projected Endi	ng Club Balance	\$	5,000.00			
Projected chui	ing club balance	\$	5,000.00			
m	6.0	,	1	11		
Chat di la chat	the		<u>asmine</u>	71.		
Club Advisor			Club Preside	ent		
	To be completed by AS	B OFFICE				
APP	ROVED $\underline{X}$	DENIED _				
Λt	· ·			,		
Alexo B M. Adams						
ASB Dracidant ASB Advisor						
ASD President, ASB Advisor						
N/5. Jones 2.14.19						
Principal Date Charter approved by Student Council						

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#### PROPOSED BUGET

Associated Student Body ENTER SITE NAME HERE

Trust #:

Trust Name: **Beginning Club Balance** \$ Amount carried over from prior year (check with ASB) **Estimated Income** \$ 1 \_ \$ 2 3 \$ \$ 4 \$ 5 \$ 6 7 \$ \$ 8 \$ 9 \$ 10 Total \$ **Estimated Expenses** ASB OFFICE USE \$ 1 \_\_Open PO or \_\_Vendor Check \$ 2 \_\_\_Open PO or \_\_\_Vendor Check \$ 3 \_\_Open PO or \_\_Vendor Check \$ 4 \_\_Open PO or \_\_Vendor Check 5 \$ \_\_Open PO or \_\_Vendor Check \$ \_\_Open PO or \_\_Vendor Check 6 \$ 7 \_\_Open PO or \_\_Vendor Check 8 \$ \_\_Open PO or \_\_Vendor Check 9 \$ \_\_Open PO or \_\_Vendor Check \$ 10 \_\_Open PO or \_\_Vendor Check Total \$ Summary Estimated Income: \$ Estimated Exenditures: \$ Net Income \$ Should be \$0 or positive (expenses **Projected Ending Club Balance** \$ Club Advisor Club President To be completed by ASB OFFICE APPROVED DENIED ASB President ASB Advisor Principal Date Charter approved by Student Council

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