Davis Joint Unified School District
SCHOOL-CONNECTED ORGANIZATION AUTHORIZATION FORM

Organization Name: DAVIS MADRIGALS, INC.
Name of the School(s): DAVIS SENIOR HIGH SCHOOL

As parents, guardians, and/or community members within the Davis Joint Unified School District, we hereby request:

- ☐ approval for formation as a school-connected organization
- ☒ annual renewal of authorization as a school-connected organization

Tax ID #: 91-1790730 Is your organization a 501(c)(3)? YES
Name of bank where the organization's account will be located WELLS FARGO BANK DAVIS, CA.

Please attach a copy of the bylaws under which the organization operates.
Purposes of the organization are (specifically, what program or student groups will be supported): TO SUPPORT THE STUDY AND PERFORMANCE OF ADVANCED CHORAL MUSIC BY THE DAVIS SENIOR HIGH SCHOOL MADRIGAL SINGERS.

Note: School-connected organizations are organized and operate independent of DJUSD. Accordingly, DJUSD is not responsible for and assumes no liability for the programs, fundraising or other activities of any school-connected organization. Announcements of events and related parent/guardian permission slips shall clearly indicate that the activity or event is sponsored by the school-connected and not by the school or district.

We have read applicable DJUSD Board policies and administrative regulations for forming and conducting this organization and agree to abide by them. Specifically, we agree:

- our fundraising activities shall not conflict with law, Board policies, administrative regulations, or any rules of the sponsoring school;
- our organization will not discriminate in making grants to students on the basis of their family's membership in or funding to the organization, or the family's fundraising or time put into organization sponsored activities;
- to maintain a record of funds collected and expended; and
- to grant the district the right to audit the organization's financial records when the activities of the organization appear to conflict with law, Board policy, administrative regulations or rules of the school. If an audit is requested for a state chartered PTA, the district shall work with the State PTA.

WILLIAM G. HUNTER	William G. Hunter	8/16/2016
President's name – printed	Signature	Date
b_hunter6914@yahoo.com		(707) 580-0132
E-mail address – printed		Telephone number
JULIE CROSS		8/16/2016
~~Vice president's name – printed~~ SECRETARY	Signature (not required)	Date
juliecross99@gmail.com		(530) 564-4110
E-mail address – printed		Telephone number
DONALD E. KILLMER		08/28/16
Treasurer's name – printed	Signature	Date
DEKILLMER@COMCAST.NET		916-803-4782
E-mail address – printed		Telephone number
KAREN GARDIAS		8/16/16
Coach or lead teacher name (if applicable) – printed	Signature	Date
Kgardias@djusd.net		(530) 304-4288
E-mail address – printed		Telephone number

I support this request for authorization. _____ 8/29/2016
Principal's signature Date

Date Approved by the Board of Education _____