

**Davis Joint Unified School District**  
**SCHOOL-CONNECTED ORGANIZATION AUTHORIZATION FORM**

Organization Name: Davis High School Football Backers  
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 #: 68-0380078 Is your organization a 501(c)(3)? yes  
Name of bank where the organization's account will be located First Northern Bank

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): administrative and financial support for the football teams.

**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.

Mary Kay Hoal Mary Kay Hoal 9/22/16  
President's name - printed Signature Date  
marykayhoal@yoursphere.com  
E-mail address - printed Telephone number

Vice president's name - printed Signature (not required) Date

Sharon Radke Sharon E. Radke 10/3/2016  
E-mail address - printed Telephone number  
seradke@gmail.com

SE Radke @ gmail . com Sharon E. Radke 530-574-4298  
Treasurer's name - printed Signature Date

John Wiley John Wiley 916-296-7727  
E-mail address - printed Telephone number  
Wiley2927@yahoo.com

Wiley2927@yahoo.com John Wiley 12/16/16  
Coach or Head teacher name (if applicable) - printed Signature Date  
E-mail address - printed Telephone number

I support this request for authorization. MWB  
Principal's signature Date

Approved by the Board of Education \_\_\_\_\_