

## BOOSTER GROUP INFORMATION FORM

Please fill in the name, address and phone number of all newly elected or returning officers of your Mercer County School Support Group. Please send this information as soon as your officers have been elected. The deadline for having this information to the school principal is on or before July 1 of each school year. If the booster is formed after July 1, this information is due within thirty days of the first transaction of the group. You should keep a copy for the Association's records as well. Please attach a copy of your External Support Organization's proof of liability insurance coverage.

NAME OF GROUP KMS Girls Basketball Boosters

STATEMENT OF OBJECTIVES Building Team Spirit, Peer Group, Lady Titans Sports Teaching

LIABILITY INSURANCE CARRIER White Rock & Souder (attach proof of coverage)

Health  
Lifestyle

SCHOOL YEAR 2019-2020 Insurance

FEIN # 61-12571165

Name of School and Principal King Middle School - Terry Gordon

School Address 961 Moberly Rd Harrodsburg, Ky 40330

Name of President Annette Cheek

Address 2040 Bonan Rd Harrodsburg, Ky 40330

Phone (859) 265-0953 E-mail annettecheek30@yahoo.com

Name of Vice President Jan Davis

Address 156 Bleu Brook Drive Harrodsburg, Ky 40330

Phone (859) 325-5027 E-mail jan.davis34@yahoo.com

Name of Secretary Kristal Irvin

Address 1833 Mackville Rd Harrodsburg, Ky 40330

Phone (859) 265-0477 E-mail kristal.irvin@mercer.ky.schools.us

Name of Treasurer Christy Wheeler

Address 565 Harry Plc Harrodsburg, Ky 40330

Phone (859) 613-2214 E-mail cj.wheeler76@yahoo.com

Designated Representative for communication: Christy Wheeler

(Additional officers and board members may be attached or listed on the back of this sheet)

If your organization president changes any time during the year, please notify the Principal in writing at once.

Athletic Booster Club Agreement

This Agreement is entered into by and between the Mercer County Board of Education (hereafter referred to as "Board") and an entity known as KMS Girls Basketball (hereafter referred to as the "Booster Club"). Through this Agreement, the parties intend to set forth the Terms and Conditions under which the Booster Club may operate and associate with students, teachers, coaches and school administrators at King Middle School.

TERMS AND CONDITIONS

1. The Booster Club acknowledges that the Board is responsible for the promotion of education and the general health and welfare of all students attending the Mercer County Public Schools. In addition, the Booster Club acknowledges that the Board has control and management of all school funds and all public school property in its district and may use its funds and property to promote public education (KRS 160.290). The Board and Booster Club acknowledge that the purpose of Booster Clubs is to assist and support but not to direct, interfere with, nor supplant the staff, existing activities, or athletic programs.
2. The Booster Club acknowledges that its activities may affect compliance with Title IX of the Educational Amendments of 1972 (Title 20, U.S.C. §§ 1681-1687, et seq.) by King Middle school and the Board. Likewise, the Booster Club acknowledges that, as a condition of membership in the Kentucky High School Athletic Association, representatives of KMS school and the Board must verify that the school complies with Title IX (702 KAR 007:065, Section 2[13]). Accordingly, the Booster Club agrees to provide all information requested by King Middle school, the Board, or the Kentucky High School Athletic Association for purposes of determining Title IX compliance. The Booster Club further agrees to refrain from engaging in any activity which, in the opinion of the Principal and Athletic Director of King Middle school or the Superintendent of the Mercer County Public Schools, adversely affect the school's or the Board's ability to comply with Title IX.
3. Booster Clubs shall submit to the Principal a request to be recognized by the Board for the upcoming fiscal year. This request shall include by-laws, list of officers with their phone numbers and addresses, statement of objectives, and designated representatives for purposes of communicating with and providing true and accurate information to the Board and school Principal. The above information will be furnished within thirty (30) days of the first transaction of the group.
4. Upon request of the Principal or Athletic Director of King Middle school or upon the request of the Superintendent, the Booster Club shall make available a full and complete list of its members.
5. In addition to complying with the requirements of Title 702 of the Kentucky Administrative Regulations, Chapter 3:130 (internal accounting), and all other relevant statutes and regulations, the Booster Club shall provide, upon the request of the Principal or Athletic Director of King Middle school or upon the request of the Superintendent/designee, a full and complete accounting of all moneys raised, as well as a full and complete accounting of all moneys expended and shall provide an annual report to the Principal no later than July 15 for the fiscal year ended June 30. In addition, if requested to do so, the Booster Club shall also provide audited financial records concerning its activities.
6. Requests for fund-raising activities shall be directed in writing to the school Principal for his/her approval within the first thirty (30) days of school. These requests should be planned and approved by the Booster Club as reflected in the Booster Club minutes submitted with the requests. Additional requests during the year must be submitted to the school Principal for approval a minimum of thirty (30) days prior to the fund-raising activity.
7. No solicitation of funds or requests for donations shall be conducted by a Booster Club without approval of the school Principal. All receipts, and invoices related to approved fund-raising activities must be made available upon request for review by the school Principal and/or Superintendent/designee. A fund-raising report must be made available to the school Principal at the close of each activity.

The Booster Club shall submit an annual proposed schedule of events to the school Principal at the start of each school year. Events that require school personnel for supervision or custodial work are the responsibility of the Booster Club and must be compensated according to school policy.

Athletic Booster Club Agreement

The Principal and Athletic Director of King Middle School and the Superintendent of the Mercer County Public Schools expressly reserve the right to reject any fund-raising activity for any reason. The Booster Club agrees that it shall not engage in any fund-raising activity which has not been approved or which has been rejected by the Principal or Athletic Director of the Superintendent. Participation in Booster Club activities by parents/guardians/relatives of student athletes is not required for participation in Mercer County School Athletics. No special considerations or restrictions can/will be placed on student athletes related to Booster groups. Coaches shall not participate in voting on Booster Club activities.

8. A Booster Club organization using external accounts shall not use the state tax exempt or federal identification number of the school or District but shall obtain a state tax exempt or federal identification number specifically and only for the use of the Booster organization.
9. The Board of Education does not assume any financial responsibility for a Booster Club.
10. By executing this document through its designated representative, all members, officers and representatives of the Booster Club agree to abide by the terms and conditions set forth below as well as those additional terms and conditions that may be required by the Board. The designated representative of the Booster Club represents and agrees that he/she will provide a copy of this Agreement to all members of the Booster Club.
11. All Booster Clubs shall follow all Board policies set forth by the Mercer Co. School Board including, but not limited to, the School Color Policy (09.427), MCSH Athletic Booster handbook, etc.
12. All Booster Clubs shall understand that they are a subsidiary of the Mercer Co. School Board and are granted permission by said Board to raise funds in the name of Titan Athletics, (Booster group is limited to raise funds in the name of their specific sport). Therefore, all policies and procedures must be followed if booster acknowledgement is to be granted by such Board. Failure to follow such policies and procedures will result in removal of booster status and fundraising will not be allowed.

\*\*\* \*\* \*

I hereby acknowledge that I am a representative of the KMS Girls Bball Booster Club and that I am authorized to act on its behalf. I further agree that this Booster Club and its members shall abide by the Terms and Conditions set forth above. I further agree to immediately report to the Principal and Athletic Director of King Middle school and to the Superintendent any violation or breach of this agreement. I understand that failure to comply with this agreement can result in the termination of the Board's approval for sanction of the Booster Club and that it will no longer be able to participate in fund-raising activities or make purchases on behalf of school athletic teams.

KMS Girls Basketball BY Christy Wheeler TITLE Treasurer  
Name of Booster Club

\*\*\*\*\*

STATE OF KENTUCKY, COUNTY OF Mercer

Subscribed and sworn to before me on this the 10<sup>th</sup> day of July, 2019 by Cynthia M. Rogers

Cynthia M. Rogers  
NOTARY PUBLIC

My commission expires: June 18, 2021

Review/Revised: 11/19/2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Whitenack & Souder Insurance, Inc. 204 South Main Street Harrodsburg, KY 40330	<b>CONTACT NAME:</b> Greg Souder	
	<b>PHONE (A/C, No, Ext):</b> 859-734-4358 <b>FAX (A/C, No):</b> 859-734-4350	
	<b>E-MAIL ADDRESS:</b> gsouder@whitenacksouder.com	
<b>INSURED</b> KMS Lady Titans Basketball 1101 Moberly Rd Harrodsburg, KY 40330	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Fireman's Fund Insurance Company	21873
	<b>INSURER B:</b> Nationwide Life Insurance Company	66869
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			XPK80978520 NANPO0039461	8/10/2018	8/10/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

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# **SCHOOL ACTIVITY FUND EXTERNAL SUPPORT/BOOSTER ORGANIZATION BUDGET**

School	King Middle School
Organization Name	KMS Girls Basketball
Organization Address	

Year	2019
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Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	4195.61	
<b>RECEIPTS</b>		
Planned Concessions	2000.00	
Apparel fundraiser	1000.00	
Honey	700.00	
Beef jerky	200.00	
<b>EXPENDITURES</b>		
Checks		27.95
Insurance		155.00
Aug Game Meas		1000.00
Banquet		500.00
Concession costs		1400.00
Uniforms		3000.00
<b>TOTALS</b>	2012.66	

Chrisey Wheeler  
Organization Treasurer

[Signature]  
Principal

Date

7/11/19

Organization President

Submit to Principal within first 30 days of school year or within 30 days of first transaction.

## BOOSTER GROUP INFORMATION FORM

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NAME OF GROUP KMS PTO

STATEMENT OF OBJECTIVES provide support & resources to students & staff

LIABILITY INSURANCE CARRIER Whitenack & Souder (attach proof of coverage)

SCHOOL YEAR 2019-20

FEIN # 47-4840654

Name of School and Principal KMS Terry Gordon

School Address 937 Moberly Rd

Name of President Tara Baker

Address 1475 Perryville Rd

Phone (891) 583-5572 E-mail \_\_\_\_\_

Name of Vice President N/A

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Secretary N/A

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Treasurer Karen Best

Address 1930 Perryville Rd

Phone (891) 613-6187 E-mail karenbest46@yahoo.com

Designated Representative for communication: Tara Baker

(Additional officers and board members may be attached or listed on the back of this sheet)

If your organization president changes any time during the year, please notify the Principal in writing at once.

Athletic Booster Club Agreement

This Agreement is entered into by and between the Mercer County Board of Education (hereafter referred to as "Board") and an entity known as KMS PTO (hereafter referred to as the "Booster Club"). Through this Agreement, the parties intend to set forth the Terms and Conditions under which the Booster Club may operate and associate with students, teachers, coaches and school administrators at KMS school.

TERMS AND CONDITIONS

1. The Booster Club acknowledges that the Board is responsible for the promotion of education and the general health and welfare of all students attending the Mercer County Public Schools. In addition, the Booster Club acknowledges that the Board has control and management of all school funds and all public school property in its district and may use its funds and property to promote public education (KRS 160.290). The Board and Booster Club acknowledge that the purpose of Booster Clubs is to assist and support but not to direct, interfere with, nor supplant the staff, existing activities, or athletic programs.
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9. The Board of Education does not assume any financial responsibility for a Booster Club.
10. By executing this document through its designated representative, all members, officers and representatives of the Booster Club agree to abide by the terms and conditions set forth below as well as those additional terms and conditions that may be required by the Board. The designated representative of the Booster Club represents and agrees that he/she will provide a copy of this Agreement to all members of the Booster Club.
11. All Booster Clubs shall follow all Board policies set forth by the Mercer Co. School Board including, but not limited to, the School Color Policy (09.427), MCSH Athletic Booster handbook, etc.
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\*\* \*\* \*

I hereby acknowledge that I am a representative of the KMS PTO Booster Club and that I am authorized to act on its behalf. I further agree that this Booster Club and its members shall abide by the Terms and Conditions set forth above. I further agree to immediately report to the Principal and Athletic Director of KMS school and to the Superintendent any violation or breach of this agreement. I understand that failure to comply with this agreement can result in the termination of the Board's approval for sanction of the Booster Club and that it will no longer be able to participate in fund-raising activities or make purchases on behalf of school athletic teams.

KMS PTO BY Karen Best TITLE Treasurer  
Name of Booster Club

\*\*\*\*\*

STATE OF KENTUCKY, COUNTY OF MercerSubscribed and sworn to before me on this the 3 day of July, by 2019John Anderson  
NOTARY PUBLICMy commission expires: Aug 5, 2019

Review/Revised:11/19/2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/29/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Whitenack & Souder Insurance, Inc. 204 South Main Street Harrodsburg, KY 40330	<b>CONTACT NAME:</b> Greg Souder <b>PHONE (A/C, No, Ext):</b> 859-734-4358 <b>FAX (A/C, No):</b> 859-734-4350 <b>E-MAIL ADDRESS:</b> gsouder@whitenacksouder.com												
<b>INSURED</b> King Middle School PTO 1101 Moberly Rd Harrodsburg, KY 40330	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A :</b> Fireman's Fund Insurance Company</td><td><b>NAIC #</b> 21873</td></tr><tr><td><b>INSURER B :</b> Nationwide Life Insurance Company</td><td>66869</td></tr><tr><td><b>INSURER C :</b></td><td></td></tr><tr><td><b>INSURER D :</b></td><td></td></tr><tr><td><b>INSURER E :</b></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td></tr></table>	<b>INSURER A :</b> Fireman's Fund Insurance Company	<b>NAIC #</b> 21873	<b>INSURER B :</b> Nationwide Life Insurance Company	66869	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER D :</b>													
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<b>INSURER F :</b>													

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			XP80978520 NANPO0039847	9/3/2018	9/3/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio

## 2019-20 KMS PTO BUDGET

Beginning Balance as of 7.10.2019	2344
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### INCOME

Fundraisers	4000
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Dances	3000
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### EXPENSES

Teachers	1000
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Retiree gifts	1000
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Students	3000
----------	------

Concessions	1500
-------------	------

Insurance	200
-----------	-----

Ending Balance	2644
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