

**Athletic Booster Club Agreement**

The Principal and Athletic Director of KMS 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 mercerc Kingmiddle School Cheerleading 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.

King Middle School Cheer BY \_\_\_\_\_ TITLE \_\_\_\_\_  
Name of Booster Club

\*\*\*\*\*

STATE OF KENTUCKY, COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

Review/Revised:11/19/2015

## BOOSTER GROUP OFFICER INFORMATION

|       |       |   |
|-------|-------|---|
| Year: | FEIN# | - |
|-------|-------|---|

Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is September 1st or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group KMS Cheer

Name of School and Principal KMS Jason Bryant  
 School Address \_\_\_\_\_

Name of Organization KMS Cheer Booster

Organization President Heather Ryan

Address 955 Harvey Pike

Phone (502) 319-6492 E-mail heathermichaelryan@gmail.com

Name of Vice President Deb Langendorfer

Address 360 Martin Ln Harrodsburg

Phone (607) 232-1041 E-mail debido89@gmail.com

Name of Secretary Wendy Peyton

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail wendy.battles@gmail.com

Name of Treasurer Michelle Harrod

Address 30701 Bonaville Rd

Phone (859) 312-4204 E-mail ~~was~~ micheller.harrod@uky.edu

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

\*\* Please attach a copy of your External Support Organization's proof of liability insurance coverage. \*\*

**SCHOOL ACTIVITY FUND  
MONTHLY / ANNUAL FINANCIAL REPORT**

|              |             |
|--------------|-------------|
| School _____ | Month _____ |
|              | Year _____  |

| Activity Account | Beginning Balance | Receipts | Expenditures | Ending Balances |
|------------------|-------------------|----------|--------------|-----------------|
|                  |                   |          |              |                 |
|                  |                   |          |              |                 |
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| Reconciliation  |       |                             |       |
|---|-------|-----------------------------|-------|
| Beginning Balance                                     | _____ | Balance Per Bank Statement  | _____ |
| Add: Receipts   | _____ | Add: Investment Balance     | _____ |
| Subtotal:   | _____ | Add: Deposits in Transit    | _____ |
| Less: Expenditures                                    | _____ | Subtotal                    | _____ |
| Ending Ledger Balance                                 | *     | Less: Outstanding Checks    | _____ |
|   |       | Other Adjustments (Explain) | _____ |
|   |       | Actual Cash Balance         | *     |
|   |       | Add: Accounts Receivable    | _____ |
|   |       | Less: Accounts Payable      | _____ |
|   |       | Add: Petty Cash             | _____ |
|   |       | Total Balance               | _____ |
| June Report is considered the Annual Financial Report |       |                             |       |

The above information is a true statement of the financial condition of the various activity fund accounts of this school.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



New  
Booster

F-SA-4B

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

|                      |
|----------------------|
| School               |
| Organization Name    |
| Organization Address |

|      |
|------|
| Year |
|------|

| Description            | Receipts Budget | Expenditures Budget |
|------------------------|-----------------|---------------------|
| Beginning Cash Balance |                 |                     |
| RECEIPTS               |                 |                     |
|                        |                 |                     |
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| EXPENDITURES           |                 |                     |
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|                        |                 |                     |
| TOTALS                 |                 |                     |

Organization Treasurer

*Heather Myer*

Organization President

Principal

Date

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



F-SA-2A

# SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

|                                       |                           |
|---------------------------------------|---------------------------|
| School                                | KMS Cheer                 |
| Activity Account                      | KMS Cheer                 |
| External Support/Booster Organization | KMS Cheer                 |
| Name of Fundraiser                    | Little Caesars Pizza Kits |
| Sponsor                               | Little Caesars            |
| Date Submitted                        | 1/11/22                   |

Purpose of fundraising activity:

to raise money for cheer apparel, pom poms materials needed

Items to be sold:

Pizza Kits

Beneficiary of fundraising activity:

KMS Cheer

Date(s) scheduled:

to start upon approval - to 2/9/22

Names of adult supervisors of activity (chaperones, custodians, etc.):

all parents of cheerleaders

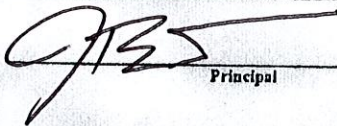
|  |   |
|--|---|
| Athletic Fundraiser                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, sport involved:                          | Cheer   |
| Corresponding sport participating in fundraiser? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Coach's signature (corresponding sport)          | Date 1/11/22  |

Circle One:

Approved

Disapproved

Date:



Principal

Date

SBDM Council (If council policy)

Date

Superintendent as directed by Board  
(If School-Wide fundraiser)

Date



F-SA-2A

# SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

|                                       |             |
|---------------------------------------|-------------|
| School                                | KMS Cheer   |
| Activity Account                      | KMS Cheer   |
| External Support/Booster Organization | KMS Cheer   |
| Name of Fundraiser                    | Casa Grande |
| Sponsor                               | Casa Grande |
| Date Submitted                        | 1/11/22     |

Purpose of fundraising activity:

to raise funds for supplies for cheer

Items to be sold:

restaurant fundraiser

Beneficiary of fundraising activity:

KMS Cheer

Date(s) scheduled:

not scheduled yet

Names of adult supervisors of activity (chaperones, custodians, etc.):

parents of cheerleaders

|  |                    |   |                             |
|--|--------------------|---|-----------------------------|
| Athletic Fundraiser                              |                    | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If yes, sport involved:                          | Cheer              |   |                             |
| Corresponding sport participating in fundraiser? |                    | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Coach's signature (corresponding sport)          | <i>[Signature]</i> |   |                             |
|  |                    | Date                                    | 1/11/22                     |

Circle One:

Approved

Disapproved

Date:

*[Signature]*  
Principal

Date

SBDM Council (If council policy)

Date

Superintendent as directed by Board  
(If School-Wide fundraiser)

Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/11/2022

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><br>Whitenack & Souder Insurance, Inc.<br>204 South Main Street<br>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>INSURED</b><br>King Middle School Cheer Boosters   | <b>E-MAIL ADDRESS:</b> gsouder@whitenacksouder.com  |                                    |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>                |                                    |
|   | <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>   |   |                                    |

## 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   |  |                           | XPX80998373<br>NANPO0054208 | 1/12/2022               | 1/12/2023               | EACH OCCURRENCE                | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |  | DAMAGE TO RENTED PREMISES |                             |                         |                         | \$ 100,000                     |              |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |  | MEDICAL EXPENSE           |                             |                         |                         | \$ 5,000                       |              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |  | PERSONAL & ADV INJURY     |                             |                         |                         | \$ 1,000,000                   |              |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |                           |                             |                         |                         | GENERAL AGGREGATE              | \$ 2,000,000 |
|          |   |  |                           |                             |                         |                         | PRODUCTS - COMP/OP AGG         | \$ 2,000,000 |
|          | AUTOMOBILE LIABILITY  |  |                           |                             |                         |                         | COMBINED SINGLE LIMIT          | \$           |
|          | <input type="checkbox"/> ANY AUTO   |  |                           |                             |                         |                         | BODILY INJURY (Per person)     | \$           |
|          | <input type="checkbox"/> ALL OWNED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS                         |                           |                             |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          | <input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> NON-OWNED AUTOS                         |                           |                             |                         |                         | PROPERTY DAMAGE (Per accident) | \$           |
|          | UMBRELLA LIAB   |  |                           |                             |                         |                         |                                | \$           |
|          | EXCESS LIAB   |  |                           |                             |                         |                         | EACH OCCURRENCE                | \$           |
|          | DED   |  |                           |                             |                         |                         | AGGREGATE                      | \$           |
|          | RETENTION \$  |  |                           |                             |                         |                         |                                | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |  |                           |                             |                         |                         | WC STATUTORY LIMITS            | OTH-ER       |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A                       |                             |                         |                         | E.L. EACH ACCIDENT             | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |  |                           |                             |                         |                         | E.L. DISEASE - EA EMPLOYEE     | \$           |
|          |   |  |                           |                             |                         |                         | E.L. DISEASE - POLICY LIMIT    | \$           |
| A        | Sexual Misconduct Liability   |  |                           | NANPO0054208                | 1/12/2022               | 1/12/2023               |                                | 1,000,000    |

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

## Evidence of Insurance Only

## CERTIFICATE HOLDER

Evidence of Insurance Only

## 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