

BOOSTER GROUP OFFICER INFORMATION

Year: 2022-2023	FEIN# 1 27 - 1784185
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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 Girls SoftballName of School and Principal King Middle SchoolSchool Address 937 Mobley Rd.Name of Organization Kms Girls SoftballOrganization President Lesley FloroAddress 201 Rose Lane - Harrodsburg KYPhone (859) 749-8169 E-mail lesley.floro@mercer.kyschools.usName of Vice President Heather MusickAddress 1040 Riverside Dr. Harrodsburg KYPhone (859) 265-0783 E-mail haharris0783@yahoo.comName of Secretary Jan DavisAddress 153 BleuBrook Dr. HarrodsburgPhone (859) 325-5027 E-mail jan.davis34@yahoo.comName of Treasurer Amy HartAddress 198 Edgewood Est. Harrodsburg, KYPhone (859) 325-1152 E-mail hart-amy@ymail.com

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. **

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 Softball booster (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 Kms 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 Kms 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 Kms 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 Kms 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 Kms 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.

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	King Middle School
Activity Account	KMS Softball
External Support/Booster Organization	KMS softball
Name of Fundraiser	Calendar
Sponsor	
Date Submitted	2-14-22

Purpose of fundraising activity:

Raise money for teams (sell each day of march calendar per player)

Items to be sold:

Each day in March

Beneficiary of fundraising activity:

KMS softball

Date(s) scheduled:

March 2022

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

Coaches, players parents

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

Circle One: Approved Disapproved Date:


Principal

Date

SBDM Council (If council policy)

Date

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

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	King Middle School
Activity Account	Kms Softball
External Support/Booster Organization	Kms Softball
Name of Fundraiser	Sponsorship for Softball tournament
Sponsor	Local Community sponsors
Date Submitted	2-14-22

Purpose of fundraising activity:

To raise money by collecting sponsorship for t-shirts for our softball tournament

Items to be sold:

\$50 or \$100 Sponsorships

Beneficiary of fundraising activity:

Kms Softball

Date(s) scheduled:


April 2022 (date TBD)

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

Kms softball coaches / Booster club

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

Circle One: Approved Disapproved Date:


Principal

Date

SBDM Council (If council policy)

Date

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

Date

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	King Middle School
Activity Account	Kms softball
External Support/Booster Organization	Kms softball
Name of Fundraiser	Nothing Bundt Cakes
Sponsor	Nothing Bundt Cakes
Date Submitted	2-14-22

Purpose of fundraising activity:

raise money for softball

Items to be sold:

bundt cakes (various flavors)

Beneficiary of fundraising activity:

Kms softball

Date(s) scheduled:


February -
march/April

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

coaches, players parents

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

Circle One: Approved Disapproved Date:


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)
02/07/2022

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).

PRODUCER Whitenack & Souder Insurance, Inc. 204 South Main Street Harrodsburg, KY 40330	CONTACT NAME: Greg Souder	
	PHONE (A/C, No, Ext): 859-734-4358 FAX (A/C, No): 859-734-4350	
	E-MAIL ADDRESS: gsouder@whitenacksouder.com	
INSURED King Middle School Softball Boosters	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Fireman's Fund Insurance Company	21873
	INSURER B: Nationwide Life Insurance Company	66869
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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			XP80998373 NANPO0054447	2/8/2022	2/8/2023	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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PERSONAL & ADV INJURY \$ 1,000,000				
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					COMBINED SINGLE LIMIT \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Sexual Misconduct Liability			NANPO0054447	2/8/2022	2/8/2023	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)

Evidence of Insurance Only

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance Only	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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