

Year	22-23
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TOTALS
Christine Spivey
 Organization Treasurer
Shea Bath
 Organization President
 Submit to Principal within 5 days

Date _____

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BOOSTER GROUP OFFICER INFORMATION

Year: <u>22-23</u>	FEIN# <u> / - </u>
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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 Boys Basketball Booster

Name of School and Principal KMS, Jason Bryant
 School Address 937 Moberly Rd Harrodsburg Ky 40330

Name of Organization KMS Boys Basketball Booster

Organization President Shea Butler
 Address 2450 Commons Ferry Rd Salvisa Ky 40372
 Phone (89) 613-2497 E-mail Shea.butler@mercer.kyschools.us

Name of Vice President Kelly Tyler
 Address 1445 Jackson Pike Harrodsburg Ky 40330
 Phone (89) 516-3032 E-mail Kellytyler@yahoo.com

Name of Secretary Vacant until season starts
 Address _____
 Phone () _____ E-mail _____

Name of Treasurer Vacant until season
 Address _____
 Phone () _____ E-mail _____

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 Boys 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 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.
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	KMS
Activity Account	Boys Basketball KMS
External Support/Booster Organization	Boys Basketball
Name of Fundraiser	
Sponsor	Harrod Park + Chill
Date Submitted	8/31/22

Purpose of fundraising activity:

Food, travel, expenses for athletes

Items to be sold:

% of funds sold for a drink for the basketball team

Beneficiary of fundraising activity:

Boys

Date(s) scheduled:

TBD

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

Athletic Fundraiser	B	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	Boys Basketball KMS		
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	KMS
Activity Account	Boys Basketball
External Support/Booster Organization	Boys Basketball Booster
Name of Fundraiser	Pizza Pub Night
Sponsor	Pizza Pub
Date Submitted	8/31/22

Purpose of fundraising activity:

Funds for Food, travel, etc

Items to be sold:

% of Funds from a sponsored night

Beneficiary of fundraising activity:

Boys Basketball Booster

Date(s) scheduled:

TBD

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

Athletic Fundraiser		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	Boys Basketball		
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	KMS
Activity Account	KMS Boys Basketball
External Support/Booster Organization	Boys Basketball Booster
Name of Fundraiser	Shoota thon
Sponsor	Community members
Date Submitted	8/31/22

Purpose of fundraising activity:

Funds for athletes food, travel, etc for season

Items to be sold:

each child will have a sponsor(s) for each free throw they make

Beneficiary of fundraising activity:

Boys Basketball Booster

Date(s) scheduled:

November 2022

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

6th, 7th, 8th Grade Coaches

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved:	<u>Boys Basketball</u>
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

2021 -2022 KMS BOYS' BASKETBALL TEAM EXPENSE REPORT

STARTING BALANCE \$12,538.21+ OCT. 2021

KMS FEE'S PLAYERS PAID \$2,661.75+

CONCESSIONS SOLD \$7,585.44+

INSURANCE PAID \$155.00-

CONCESSIONS START UP/

SUPPLIES FOR CONCESSIONS/AWAY MEALS \$5,956.38-

TOURNAMENT FEES \$275.00-

PAY BUSES \$869.06-

PROFIT ON FUNDRAISER \$1,853.91+

PAID FOR ITEMS ON ORDERS TURNED IN

FOR THE FUNDRAISER/REFUND ITEMS OUT OF STOCK \$727.50-

ITEMS PURCHASED FOR TEAM (HOODIES, SHIRTS, 8TH GRADE NIGHT
BANNERS, END OF SEASON BANQUET ITEMS, FOOD FOR BANQUET
TOOK TEAM TO MOVIES FOR END OF SEASON) \$5,767.37-

END OF SEASON MARCH BALANCE \$12,438.95+



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2021

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 Boys Basketball	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		XPB80998373	11/8/2021	11/8/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		NANPO0053665			DAMAGE TO RENTED PREMISES \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MEDICAL EXPENSE \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/PROP 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	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	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		NANPO0053665	11/8/2021	11/8/2022	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

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