

SIMPSON COUNTY SCHOOLS

BOOSTER GROUP OFFICER INFORMATION

Year 2023-2026 FEIN# 1 88 - 4397420

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 Franklin Simpson Girls Basketball

Name of School and Principal Michael Wix
School Address 460 S. College St Franklin KY 42134

Name of Organization FS Lady Cats Basketball Boosters

Organization President Shatana King
Address 136 Coates Rd Franklin KY 42134
Phone 270 776 4146 E-mail shatanaking@gmail.com

Name of Vice President Chasity Crafton
Address 210 Coates Rd Franklin KY 42134
Phone 270 223 7794 E-mail chasityedwardscrafton@gmail.com

Name of Secretary Erica Harris
Address 601 Pelham St Franklin KY 42134
Phone 270 792 9417 E-mail _____

Name of Treasurer Jacob Dean
Address 1312 Miller Pond Rd Franklin KY 42134
Phone 931 342 2943 E-mail ajclean3233@icloud.com

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

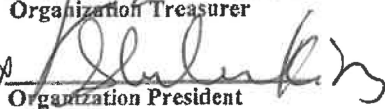
** Please attach a copy of your External Support Organization's proof of liability insurance coverage. **

SIMPSON COUNTY SCHOOLS

SCHOOL ACTIVITY FUND SUPPORT/BOOSTER ORGANIZATION BUDGET

School	FSHS + FSMS	Year 26-27
Organization Name	Lady Cats Basketball Boosters	
Organization Address	PO BOX 207 Franklin KY 42135	

Description	Receipts Budget	Expenditures Budget
Beginning Cash Balance	15,117.85	
Insurance		155.00
PO Box Fee		130.00
Gear & Supplies		15,000.00
Camps / Tour		8,000.00
Banquet / 8 th grade night / Senior night		4,500.00
Concessions		12,000.00
misc.		3,000.00
Concessions	22,000.00	
All fundraising (GNF, tamping, banners & sign sales)	28,000.00	
Totals	65,117.85	42,785


 Organization Treasurer

 Organization President


 Principal
 7/14/2026
 Date

SIMPSON COUNTY SCHOOLS

ANNUAL FINANCIAL REPORT - BOOSTER CLUBS

MUST BE SUBMITTED TO CENTRAL OFFICE BY JULY 25TH

School	FSHS + FSMS	Year	25-26
Organization Name	FS Girls Basketball	Date	7/10/26
Organization Address	PO BOX 207 Franklin		KY 42135

Beginning Cash Balance

\$ 17,025.57

Revenues (By Category):

Admissions

\$

Concessions

\$ 19,205.36

Items for Resale

\$

Other:

Fundraising

\$ 22,299.00

\$

\$

Total Revenue:

\$ 41,504.36

Expenses (By Category):

misc

~~Admissions~~

\$ 1,428.66

Concessions

\$ 9,102.22

Banquet/team events

\$ 4,167.13

~~Items for Resale~~

Other:

Camps/Tournaments 6,896.30

Gear/Equipment \$ 18,578.78

Team meals \$ 3,238.99

Total Expenses:

\$ 43,412.08

Ending Cash Balance

\$ 15,117.85

Organization Treasurer

Organization President

PREVIOUS YEAR EXPENSES

PLEASE PROVIDE DETAILED INFORMATION FOR PREVIOUS YEAR

Lady Cats Basketball Boosters 24-25
BOOSTER CLUB NAME YEAR

EXPENSE PAID TO	FOR	AMOUNT
MISC.		4,281.76
Concessions		11,563.75
Banquets/Events		3,215.22
Camps & Tournaments		6,811.68
Gear & Equipment		18,245.67
Team meals		2,055.32



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/16/2026

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 DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Joseph Guerrero PHONE (A/C, No, Ext): (800) 364-2433 E-MAIL ADDRESS: support@rvnuccio.com FAX (A/C, No): (818) 980-1595														
INSURED FSHS Girls Basketball Boosters POBOX 207 Franklin, KY 42134	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Fireman's Fund Insurance Company</td><td>21873</td></tr><tr><td>INSURER B: Axis Insurance Company</td><td>37273</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund Insurance Company	21873	INSURER B: Axis Insurance Company	37273	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC			UST021067250 NANPO0074710	6/27/2026	6/27/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability			NANPO0074710	6/27/2026	6/27/2027	\$1,000,000/\$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

Joseph Guerrero

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