## AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2020 -	on Parent Teacher Or	 rganization	School Innovation Acade	emv
•	anization or Club		Taxpayer I.D. 81-5279072	<u> </u>
OFFICERS:				att to the total and the total
	ny Spruce	Name: Matt	i Vann	
Office Held: Presi	· · · · · · · · · · · · · · · · · · ·	Office Held:	Treasurer	
A 11		Address:		
E-mail:		E-mail:		
Phone(s):		TO ( )	· · · · · · · · · · · · · · · · · · ·	
Date taking office: 1	10/1/19	Date taking o	ffice: 7/1/20	
Name: Kathy	rn Koeing	Name:	Annette Decena	
Office Held: Presi	dent Elect	Office Held:	Secretary	
Address:		Addraga		
**************************************				
Phone(s):				
Date taking office: 5	7/1/20	Date taking o	ffice: 7/1/20	/2-g-y1-g
Are two signatures requ	8) Most  Tit Please Attach: 1) Annua 2) Curre 3) Most 4) Most  aired on disbursements?	recent treasurers financial reported to the recent bank statement all budget, goals and objectives and operating by-laws recent treasurers financial reported to the recent bank statement are to the	ort	€ No
Member meetings held	how often? Monthly	Executive meeting	gs held how often?Monthly	
training, and follow the	agree to abide the By-Laws district's Guidelines For C opportunities where suppor	Pperation And Financial Respo	nual district-provided Parent Sup Insibility while we strive to impro	port Group ve our
Jereny Soruce Signature	7/21/ Date	2020 Signature		Date
		5-5-muro		Dail
Signature Site Administrator's Approva	l: Signature	Signature	7/22/20 Date	Date
For district use:	Finance Department rec Governing Board Agena	commendation: a prove la date: \$14120	Re	evised 5-3-06

Roud 7/aa

## AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2020-2021	
Name of Organization Copper Creek Elementary PT	O School Copper Creek Elementary
Related Student Organization or Club	Taxpayer I.D. 86-0906623
OFFICERS:	
Name: Valerie Crawford	Name: Suzanne Vorrie
Office Held: President	Office Held: Treasurer
Address:	Address:
##	
E-mail:	E-mail:
Phone(s):	Phone(s):
Date taking office: 7/1/20	Date taking office: 7/1/19
Name: Allison Edgell	
Office Held: Vice-President	Office Held: Secretary
Address:	Address:
	DI ()
Phone(s):	
Date taking office: 7/1/18	Date taking office: 7/1/18
7) Most recent treasure 8) Most recent bank sta  C Informal Non-Profit Please Attach: 1) Annual budget, goals	s and objectives
<ul><li>2) Current operating by</li><li>3) Most recent treasure</li><li>4) Most recent bank sta</li></ul>	ers financial report
Are two signatures required on disbursements?    • Yes  • N	lo By-laws reviewed annually?
Member meetings held how often? Bi-monthly E	executive meetings held how often? Monthly
As officers, we hereby agree to abide the By-Laws of our organiz training, and follow the district's Guidelines For Operation And children's educational organizes where support is needed.  Signature  Date  Other Date  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature	
For district use: Finance Department recommendation  Governing Board Agenda date:	8/4/20
	Revised 5-3-06

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