

SHERBURNE-EARLVILLE

Athletics



The Law of the Jungle - Rudyard Kipling

*Now this is the Law of the Jungle -
as old and as true as the sky;
And the Wolf that shall keep it may prosper,
but the Wolf that shall break it must die.
As the creeper that girdles the tree-trunk
the Law runneth forward and back --
For the strength of the Pack is the Wolf,
and the strength of the Wolf is the Pack.*

Activity Account Guidelines

Date: September 2007

All accounts must have student officers. Please turn in names of your officers by October 1st to Becky Tredway.

If you need to purchase any items through this account ask Becky before ordering for approval. **Coaches—you must have the athletic director's approval first before ordering.** If prior approval is not obtained you will be responsible for payment.

All advisors – Your student treasurer and you need to sign the pay order slips and return to Becky so that when you hand me an invoice to pay I have the proper forms for processing. **If a signed pay order does not accompany the invoice it will be returned to you.**

Fundraising dates may be arranged with Becky as soon as possible. All raffles are illegal! (*Coaches – consult with athletic director*). Money from each event must be turned into Becky within 48 hours of collection. **Do not take money to the bank on your own.**

Checks will be written within 24 hours of your handing in all properly signed paperwork.

The activity account is NOT tax deductible. Taxes must be collected when you sell items or your account will end up losing money on your profits. Our tax rate is now 8.25%.

The enclosed forms are to be filled out and returned to Becky. The budget form is due by October 15.

Each time you plan to run a fund raiser the application must be filled out to be approved. Please try to choose a fundraiser that generates at least 50% profit.

After each fund raiser the fund raising report should be filled out. When items arrive for distribution each student who is responsible for materials should sign the financial responsibility slip with the amount they are to collect. **THIS IS VERY IMPORTANT.** If you do not have the student sign his name and the amount that he/she collect we have no backing for funds that are due from them.

We will no longer accept checks made out to fund raising company. Please tell you students to tell their customers that the need to make check payable to SECS plus the name of the group that is selling the product; i.e. Class of 2007, SECS Field Hockey, etc.

Activity Club Budget
Proposed Budget
2007-2008

Activity Club: _____ Date: _____

Club Advisor: _____ Student Treasurer: _____

Fund Raising Activities	Revenue	Expenses	Profit
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
		Total Profit	
		Grand Total	\$ _____

Planned use of profits:	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
Total	\$ _____

Approval of Chief Faculty Advisor: _____
Date: _____

Sherburne-Earlville Central School
Sherburne, NY 13460

I assume all financial responsibility for all merchandise, saleable items, tickets and money received for our fund raising activity:

Activity or Club: _____

Name of Activity: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Application For Approval of Fund-Raisers
2007-2008

Date of Application: _____

Name of Club: _____

Type of Fund – Raiser: _____

- If a one-day Fund-Raiser
Date: _____ Time: _____ Place: _____
- If more than one day:
Starting Date: _____ Ending Date: _____

.....

The money raised will be used for: _____

Advisor's Signature: _____

Student Treasurer Signature: _____

.....

Approved By: _____

Date Approved: _____

Sherburne-Earlville Athletic Booster Club
Fundraising Request Form
(one request per form)

Date of Request: _____

Sport Requesting Fundraiser: _____

Coach Approval: _____

Fundraiser Activity: _____

Fundraiser Purpose: _____

Date of Fundraiser: _____

Location of Fundraiser: _____

Completed form should be submitted to the Athletic Director, who will present this request at the next Booster Club Meeting for approval.

*Please remember that the Booster Club's objective is to help facilitate your fundraiser. Our position is **ONLY** to ensure your fundraiser is profitable and that there is not a conflict with any other event that could impair your goal.*

(To be filled out by the Booster Club)

Date Received: _____

Received by: _____

Booster Club Decision/Remarks: _____

Prior to Preseason:

- (1) Confirm with athletic director where and when you will practice, and get necessary equipment. Develop practice and game schedules to give athletes at preseason meeting. Also, if there are any team requirements you have above and beyond the general policies be sure to have these in writing to share with parents and players at the meeting. These should be cleared with the athletic director prior to making them policy.
- (2) Attend preseason sign-up meeting
- (3) Make it clear:

All paperwork must be completed and returned to a designated place, (coach, box in office, whatever), by noon the Friday prior to the opening day. At noon the coach will alphabetize all the paperwork, remove the first page (Consent for Treatment) and retain for their use, and give the papers to the nurse with an alphabetized list attached. The list will be returned to the coach prior to the first practice to indicate who is cleared to practice.

Any athlete who does not hand in paperwork by the noon deadline **will not be allowed to practice that first day!** This gives the health office time to go through and ensure each athlete is cleared to play. It also teaches responsibility from day 1 – there will always be deadlines and they must be met!

We should not be running paperwork into the nurse at 3:00pm the day of our first practice! Athletes should never “take to the practice field” if not cleared by the nurses office * just because they completed paperwork doesn’t mean they are cleared!

Sherburne-Earlville Sport Booster

MEMBERSHIP APPLICATION

Applicant Information

Name of Applicant: _____

Address: _____

Contact Phone # Day: _____ Phone # Evening: _____

Student-Athlete Information

Name: _____

Grade: _____

Sports Played Fall: _____ Winter: _____ Spring: _____

Willing to:

- | | |
|---|---|
| _____ Work Concessions | _____ Assist w/ game management
(chain crew, ball person, clock, etc.) |
| _____ Assist w/ Tournaments | _____ Assist w/ Fundraising |
| _____ Assist w/ Merchandise | _____ other (Please list your ideas) |
| _____ Give Donation, enclosed with application. | |