

**Mansfield Independent School District
PTO/Booster Club Responsibility/Affidavit Form**



Name of Organization: _____

As the _____ of the PTO/PTA/Booster club, I certify that:
(your PTO/Booster title)

- I have attended to the PTO/Booster training in August 2023

OR

- I have reviewed the the PTO/Booster PowerPoint presentation available on the Mansfield ISD website

_____	_____	_____	_____
President Signature	Date	Phone #	Email
_____	_____	_____	_____
Vice-President Signature	Date	Phone #	Email
_____	_____	_____	_____
Treasurer Signature	Date	Phone #	Email
_____	_____	_____	_____
Secretary Signature	Date	Phone #	Email