Teaching, Learning & Equity Committee Meeting

Monday, August 17, 2026 6:30 PM
Spellman Education Center Board Room/Livestream, 782 Springdale Drive, Exton, PA 19341

A.	**OPENING**	
A.1.	Call to Order	**Speaker(s):** Director Parkinson
A.2.	Roll Call	
B.	**PUBLIC COMMENT**	
B.1.	Public Comment	
B.2.	Public Comment Protocol	
C.	**MEETING MINUTES APPROVAL**	
C.1.	Approval of June 15, 2026 Teaching, Learning & Equity Committee Meeting Minutes	

WEST CHESTER AREA SCHOOL DISTRICT
Teaching, Learning & Equity Committee Meeting
Monday, June 15, 2026
6:30 pm
Board Room/Livestream
Spellman Education Center
782 Springdale Drive
Exton PA 19341
Minutes are considered draft until approved at the next committee meeting.

A. Opening
1. Call to Order - Director Parkinson, Committee Chair called the meeting to order at **6:46 pm**.

2. Roll Call
Committee members present: Director Parkinson (chair), Director Campbell, Director Detre, Director Frey
Other Board members present: President Durnell and Director Jackson
Administrators present: S. Brown, D. Christopher, J. Conley, S. Missett, M. Schwemler, J. McGowan, K. Reynolds, W Birster, J Scully, J DiAntonio, MK Puchalla, R. Eberly, M. Weary, J. Sherlock

B. Public Comment
1. Public Comment Protocol
2. Public Comment
- J DiFonzo - D1. Middle School Schedule

C. Review/Approval of Minutes
1. Approval of the April 20, 2026 Teaching, Learning & Equity Committee Meeting Minutes **VOTE: 4-0** and May 21, 2026 Teaching, Learning & Equity Committee Meeting Minutes **VOTE: 4-0**

D. Discussion Items
1. MS Schedule Recommendation - Dr. Conley

E. Action Items
1. Approval of Core Instructional Resource for ELD - Dr. Eberly **VOTE: 4-0**
2. Approval of Targeted Support and Improvement Plans - Dr. Reynolds **VOTE : 4-0**
3. Approval of Rocket PD Contract - Dr. Reynolds **VOTE: 4-0**
4. Approval of Core Instructional Material Social Studies - Dr. Weary **VOTE: 4-0**

F. Monthly Routine Items (These are not voted on by the committee, however, they will appear on the Board Consent Agenda.)
1. Teaching, Learning and Equity Committee Consent Agenda

Approval to establish the following Trust Account(s):

- Henderson High School - Joe Walsh Memorial Scholarship

Approval to terminate the following Student Activity Account(s):

- Henderson High School - Cooking for a Cause
- Henderson High School - Class of 2026

Approval of the following Study/Excursion trip(s):

- Henderson High School Track and Field, Shippensburg, PA, 05/21/2026 - 5/23/2026
- Rustin High School Track and Field, Shippensburg, PA, 05/21/2026 - 5/23/2026

G. Next Teaching, Learning & Equity Committee Meeting
1. Next Committee Meeting is on August 17, 2026 at 6:30 pm

H. Adjournment
Committee Chair calls the meeting to a close at **8:19 pm**.

D. **ACTION ITEMS**

D.1. Approval of Booster Registration and Recognized Athletic Groups	**Speaker(s):** Dr. Conley

2026-27

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Basketball **School Year:** 2026-2027

A. Booster Club Officers:

President: Allison Keefe Email: princeandchief@verizon.net
Vice President: Jen Gallagher Email: jgallaghersju@gmail.com
Secretary: Email:
Treasurer: Erin Piesieski Email: erin.pies@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

They were the only ones to volunteer. Going to see who wants to shadow them during this new season.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Allison Keefe Email: princeandchief@verizon.net

Phone (c): 484-888-8121

D. Financial Information:

1. Name of Financial Institution: Citadel
2. Designees' to sign checks:
   1. Allison Keefe 2.
3. The two (2) people receiving the bank statements:
   1. Allison Keefe 2. Erin Piesiesti

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 7,000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: Kgarvin@wcasd.k12.pa.us
d. Social Media Handles: WC easthoops
e. Social Media Manager: Kevan Garvin
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Basketball **School Year:** 2026-2027

A. Booster Club Officers:

President: Gillian Parsons Vice President: Stephanie Beisser

Secretary: _____ Treasurer: Doreen Pietrantonio

B. Describe how the above individuals were elected/chosen officers for this booster organization.

We w we the only 3 that have volunteered

C. List one (1) contact person for communication with the athletic director or designee.

Name: Gillian Parsons Email: Parsonsgillian@gmail.com

Phone (c): 2158378423 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: Truist

b. Designee's to sign checks:

1. Doreen Pietrantonio 2. _____

c. The two (2) people receiving the bank statements:

1. Doreen Pietrantonio 2. _____

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 3000.00

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: _____

b. Webmaster for your Booster organization: _____

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cheerleading **School Year:** 2026 2027

A. Booster Club Officers:

President:	Tylee McLendon	Email:	twinkle1997@msn.com
Vice President:	Erin Wallace	Email:	hutton8550@gmail.com
Secretary:	Jen Whigham	Email:	jgwhigham@gmail.com
Treasurer:	Tanya Croumblet/Meghan Kazanjian	Email:	tanya_iphone@yahoo.com/meghankaz@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

voted in

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Tanya Croumbley Email: tanya_iphone@yahoo.com

Phone (c): 6102997887

D. Financial Information:

1. Name of Financial Institution: Citadel Bank
2. Designees' to sign checks:
   1. Tanya Croumbley 2. Meghan Kazanjian
3. The two (2) people receiving the bank statements:
   1. Tanya Croumbley 2. Meghan Kazanjian

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ _____

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: https://www.westchestereastcheer.com/
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cross Country **School Year:** 2026-2027

A. Booster Club Officers:

President: Stephanie Beisser Email: westchestereastxc@gmail.com
Vice President: _____ Email: _____

Secretary: _____ Email: _____
Treasurer: _____ Email: _____

B. Describe how the above individuals were elected/chosen officers for this booster club.

Officers are self-nominated and announced at the start of the season.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Stephanie Beisser Email: westchestereastxc@gmail.com

Phone (c): 610-247-3245

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Stephanie Beisser 2. _____
3. The two (2) people receiving the bank statements:
   1. Stephanie Beisser 2. _____

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $2500.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cross Country **School Year:** 2026-27

A. Booster Club Officers:

President: Julie Finnegan Email: weareteamfinnegan@gmail.com

Vice President: Diane Damadio Email: diane.damadio@gmail.com

Secretary: N/A Email:

Treasurer: Carrie Simunov Email: carrie.simunov@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteered for roles

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Julie Finnegan Email: weareteamfinnegan@gmail.com

Phone (c): 610-717-6605

D. Financial Information:

1. Name of Financial Institution: WSFS
2. Designees' to sign checks:
   1. Carrie Simunov 2. Julie Finnegan and 3. Diane Damadio
3. The two (2) people receiving the bank statements:
   1. Carrie Simunov 2. Julie Finnegan

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 1,500.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: N/A
d. Social Media Handles: N/A
e. Social Media Manager: N/A
f. Social Media Manager's Email: N/A

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity West Chester Dance Team **School Year:** 2026-2027

A. Booster Club Officers:

President: Opal Ricks Vice President: Opal Ricks

Secretary: Opal Ricks Treasurer: Opal Ricks

B. Describe how the above individuals were elected/chosen officers for this booster organization.

Opal Ricks is the parent of Darby Ricks, Opal has been helping with boosters since Darby ' s freshman year and agreed to take over.

C. List one (1) contact person for communication with the athletic director or designee.

Name: Opal Ricks Email: opalstlc@hotmail.com

Phone (c): 610-888-1760 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: Truist

b. Designee's to sign checks:

1. Opal Ricks 2. Carrie Tepper

c. The two (2) people receiving the bank statements:

1. Opal Ricks 2. N/A

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 2000.00

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: N/A

b. Webmaster for your Booster organization: N/A

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1 ADMINISTRATIVE GUIDELINE APPROVED: August 1, 2015 REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity School Year: Field Hockey 2026-2027

A. Booster Club Officers:

President: Melissa Bechtel

Vice President: Christine Hayes

Secretary: Shari Maun

Treasurer: Susie Macciocca

B. Describe how the above individuals were elected/chosen officers for this booster organization. Each individual was either asked or recommended by a booster member, volunteered through a Team Snap message asking for help, or was on the board in a different position and transitioned.

C. List one (1) contact person for communication with the athletic director or designee.

Name: Melissa Bechtel Email: sixbechtels@gmail.com

Phone (c): 484-431-4267 Phone (w): Phone (h):

D. Financial Information:

a. Name of Financial Institution: PNC

b. Designee's to sign checks:

1. 2. Susie Macciocca

c. The two (2) people receiving the bank statements:

1. Melissa Bechtel 2. Susie Macciocca

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: n/a

b. Webmaster for your Booster organization:

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website: http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Football **School Year:** 2026

A. Booster Club Officers:

President: Michael and Nicole Verbos Email: verbwvu5@yahoo.com
Vice President: Jennifer Anderson Email: anderson.jen@comcast.net

Secretary: Bryan Kendro Email: bryankendro@gmail.com
Treasurer: Hilary Kendro Email: hilarykendro@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteer

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Michael Verbos Email: verbwvu5@yahoo.com

Phone (c): 6103148616

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Michael Verbos 2. Hilary Kendro
3. The two (2) people receiving the bank statements:
   1. Michael Verbos 2. Hilary Kendro

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $10,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: wcefootball.com
c. Webmaster's Email: wceastboosters@gmail.com
d. Social Media Handles: @wcefootball
e. Social Media Manager: Nick Cionci
f. Social Media Manager's Email:

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity EHS Golf **School Year:** 2026-27

A. Booster Club Officers:

President: Ian Kerr Vice President: Gina Pagotto

Secretary: _____ Treasurer: _____

B. Describe how the above individuals were elected/chosen officers for this booster organization.

The individuals above were the only responders to the interest email.

C. List one (1) contact person for communication with the athletic director or designee.

Name: Ian Kerr Email: iankerr39@gmail.com

Phone (c): 484885758 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: Truist

b. Designee's to sign checks:

1. Ian Kerr 2. Gina Pagotto

c. The two (2) people receiving the bank statements:

1. Ian Kerr 2. Gina Pagotto

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 2000

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: N/A

b. Webmaster for your Booster organization: Ian Kerr

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Lacrosse **School Year:** 2026-2027

A. Booster Club Officers:

President: Gina Kirk Vice President: Carla Graves

Secretary: Hillary Kendro Treasurer: Jim Kirk

B. Describe how the above individuals were elected/chosen officers for this booster organization.

Volunteered for the positions

C. List one (1) contact person for communication with the athletic director or designee.

Name: Gina Kirk Email: Fagg07@yahoo.com

Phone (c): 4848022177 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: TD Bank

b. Designee's to sign checks:

1. Gina Kirk 2. Carla Graves

c. The two (2) people receiving the bank statements:

1. Gina Kirk 2. Carla Graves

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ _____

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: _____

b. Webmaster for your Booster organization: _____

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity East Bands **School Year:** 2026-27

A. Booster Club Officers:

President: Joy Vining Email: joywecbands@gmail.com
Vice President: Karen Turek Assist VP Jim Campbell Email: turekkarenm@gmail.com jimbob4778@gmail.com

Secretary: Sue Grunza Email: grunzas@gmail.com
Treasurer: Amanda Howe Email: amandamhowe@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

paper ballot elected for two years

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Joy Vining Email: joywecbands@gmail.com

Phone (c): 610 679 4059

D. Financial Information:

1. Name of Financial Institution: First Resource Bank
2. Designees' to sign checks:
   1. Amanda Howe 2. Karen Turek
3. The two (2) people receiving the bank statements:
   1. Amanda Howe 2. Karen Turek

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $15,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: n/a
c. Webmaster's Email: n/a
d. Social Media Handles: West Chester East Viking Marching Band (Facebook)
e. Social Media Manager:
f. Social Media Manager's Email: wceastbands@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Outdoor Track **School Year:** 26-27

A. Booster Club Officers:

President: Matt Kaplan Vice President: Jen Kaplan

Secretary: _____ Treasurer: _____

B. Describe how the above individuals were elected/chosen officers for this booster organization.

No one else wanted the job

C. List one (1) contact person for communication with the athletic director or designee.

Name: Matt Kaplan Email: matt_kaplan77@hotmail.com

Phone (c): 2676142948 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: TD Bank

b. Designee's to sign checks:

1. Matt Kaplan 2. Jen Kaplan

c. The two (2) people receiving the bank statements:

1. Matt Kaplan 2. Jen Kaplan

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 10000

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: n/a

b. Webmaster for your Booster organization: n/a

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Soccer **School Year:** 2026-2027

A. Booster Club Officers:

President: Dan Flaherty Vice President: Allison Mastrilli

Secretary: _____ Treasurer: Jen Gallagher

B. Describe how the above individuals were elected/chosen officers for this booster organization.

Allison Mastrilli and Dan Flaherty were chosen to be the new co-president boosters as the former boostesr Craig and Kristy Jarrett's youngest son just graduated.

C. List one (1) contact person for communication with the athletic director or designee.

Name: Allison Mastrilli Email: alevengood@hotmail.com

Phone (c): 610-324-8647 Phone (w): 484-266-2202 Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: Wells Fargo

b. Designee's to sign checks:

1. Jen Gallagher 2. Allison Mastrilli

c. The two (2) people receiving the bank statements:

1. Jen Gallagher 2. Allison Mastrilli

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 10,000

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: wceastsoccer.com

b. Webmaster for your Booster organization: Craig Jarrett

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Soccer **School Year:** 26-27

A. Booster Club Officers:

President: Laura Labrinakos Email: labrinakosfamily@gmail.com
Vice President: Stephanie Donofry Email: steph.donofry@gmail.com

Secretary: Sandra Makos Email: scmakos@gmail.com
Treasurer: Karen Malone Email: malonek@aetna.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Laura Labrinakos Email: labrinakosfamily@gmail.com

Phone (c): 610-451-3157

D. Financial Information:

1. Name of Financial Institution: WTD Bank
2. Designees' to sign checks:
   1. Karen Malone 2. Sandra Makos
3. The two (2) people receiving the bank statements:
   1. Karen Malone 2. Sandra Makos

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: @wcegsoccer
e. Social Media Manager: student run, boosters also has password
f. Social Media Manager's Email: wcegsboosters@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Swim & Dive **School Year:** 26-27

A. Booster Club Officers:

President: Dee Shupard Vice President: _____

Secretary: _____ Treasurer: Amy Zeminski

B. Describe how the above individuals were elected/chosen officers for this booster organization.

Volunteer Positions

C. List one (1) contact person for communication with the athletic director or designee.

Name: Dee Shupard Email: wceastswimanddive@gmail.com

Phone (c): 610-529-9259 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: Wells Fargo

b. Designee's to sign checks:

1. Amy Zeminski 2. _____

c. The two (2) people receiving the bank statements:

1. Amy Zeminski 2. _____

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 1500

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: _____

b. Webmaster for your Booster organization: _____

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Tennis **School Year:** 2026-2027

A. Booster Club Officers:

President: Jennifer Ray Beckman Vice President: Jennifer Mnich

Secretary: _____ Treasurer: _____

B. Describe how the above individuals were elected/chosen officers for this booster organization.

Volunteered

C. List one (1) contact person for communication with the athletic director or designee.

Name: Jennifer Mnich Email: jennifer.mnich@verizon.net

Phone (c): 6109055755 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: First Resource Bank

b. Designee's to sign checks:

1. Jennifer Ray Beckman 2. _____

c. The two (2) people receiving the bank statements:

1. Jennifer Ray Beckman 2. _____

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 2,000

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: _____

b. Webmaster for your Booster organization: _____

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Tennis **School Year:** 2026-2027

A. Booster Club Officers:

President: Diane Quinn Email: dquinnrph@gmail.com
Vice President: Catherine Hu Email: catherine_x_hu@yahoo.com

Secretary: _____ Email: _____
Treasurer: _____ Email: _____

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: _____ Email: _____

Phone (c): _____

D. Financial Information:

1. Name of Financial Institution: Truist Bank
2. Designees' to sign checks:
   1. Priya Anbu 2. _____
3. The two (2) people receiving the bank statements:
   1. Priya Anbu 2. _____

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $2,700.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Volleyball **School Year:** 2026-27

A. Booster Club Officers:

President: Heather Wilson Email: heatherastewart07@gmail.com
Vice President: Stephanie McPeak Email: Stephaniemcpeak@gmail.com

Secretary: _____ Email: _____
Treasurer: _____ Email: _____

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteered

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Heather Wilson Email: hwilson@wcasd.net

Phone (c): 267-254-7989

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Heather Wilson 2. Stephanie McPeak
3. The two (2) people receiving the bank statements:
   1. Heather Wilson 2. Stephanie McPeak

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $3,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: n/a
c. Webmaster's Email: n/a
d. Social Media Handles: n/a
e. Social Media Manager: n/a
f. Social Media Manager's Email: Email - wceastvbboosters@gmail.com - still waiting to get access from former president

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Wrestling **School Year:** 2026-2027

A. Booster Club Officers:

President: Tracey Timm Email: traceymocb@gmail.com
Vice President: TBD Email:
Secretary: TBD Email:
Treasurer: Mary Anne Tomunson Email: mantomlinson@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Chosen/ Volunteered when current President & treasurer stepped down.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Tracey Timm Email: traceymocb@gmail.com
Phone (c): 484-678-6705

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Mary Anne Tomlinson 2. Tracey Timm
3. The two (2) people receiving the bank statements:
   1. Mary Anne Tomlinson 2. N/A - they only send to one person

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $10K

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: N/A
d. Social Media Handles:-Instagram WCEVIKINGSWrestling
e. Social Media Manager: Marc Chafetz
f. Social Media Manager's Email: mchavetz@wcasd.net

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group East HS Indoor Color Guard

b. Name of Advisor/Coach Alyssa (Ak) Hazel

c. Name of Group President Alyssa (Ak) Hazel

d. Name of Activity or Sport Color Guard (Indoor)

e. Name of general liability insurance carrier Westtown insurance group

f. Name of directors' and officers' insurance carrier Independence Blue Cross/Blue Shield

7/21/26
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

East HS Indoor color guard Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Group President

Advisor/Coach

7/21/26

Date

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Alyssa Chin-Sang Hazel, Advisor/Coach for East High School Indoor Color Guard, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Advisor/Coach

Commonwealth of Pennsylvania

County of Chester

On this the 22 day of July 2026, before me, Rachel Smith, the undersigned officer, personally appeared, Alyssa Chin-Sang Hazel known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Sworn to and subscribed before me this 22 day of July, 2026

COMMONWEALTH OF PENNSYLVANIA
CHESTER COUNTY COMMISSION#1377056
EXPIRES APRIL 9, 2029
Rachel Smith - Notary Public

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Alyssa Chin-Sang Hazel, Group President for East High School Indoor Color Guard, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Group President

Commonwealth of Pennsylvania

County of Chester

On this the 22 day of July 2024, before me, Rachel Smith, the undersigned officer, personally appeared, Alyssa Chin Sang Hazel known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Sworn to and subscribed before me this 22 day of July, 2024

COMMONWEALTH OF PENNSYLVANIA
CHESTER COUNTY COMMISSION#1377056
EXPIRES APRIL 9, 2029
Rachel Smith - Notary Public

2026-2027 Current Roster (subject to change with tryouts in the fall)

Alana Howe - Senior
Avery Barry - Senior
Olivia Gargiulo - Senior
Kelsey Guie - Senior
Mackenzie Crozier - Senior
Mia O'Connor - Senior
Ryvr Cravero - Junior
Jamie Campbell - Junior
Jillian Smoker - Junior
Lucia Nelson - Junior
Shay Patel - Senior
Rebekah Neithardt - Senior
EJ Grimmer - Senior

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group West Chester East Ice Hockey Club

b. Name of Advisor/Coach Roxanne Nurenberg

c. Name of Group President Scott Miller

d. Name of Activity or Sport Hockey

e. Name of general liability insurance carrier PA Manufacturers' Association Inc. (VIA USA Hockey Inc)

f. Name of directors' and officers' insurance carrier PA Manufacturers' Assoc Inc. (VIA USA HOCKEY)

Aug 6, 2026
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

WC East Ice Hockey Club Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Scott Miller
Group President

Roxanne Nurenberg
Advisor/Coach

Aug 6, 2026
Date

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Scott Miller, Group President for West Chester East Ice Hockey Club, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Scott Miller
Group President

Commonwealth of Pennsylvania

County of CHESTER

On this the 7TH day of AUGUST 2026, before me, CLAUDINE SPIRON, the undersigned officer, personally appeared, SCOTT MILLER known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Claudine Spiron
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Claudine Spiron, Notary Public
Chester County
My Commission Expires February 15, 2028
Commission Number 1239864

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Roxanne Nurenberg, Advisor/Coach for West Chester East Ice Hockey Club, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

R. Nurenberg
Advisor/Coach

Commonwealth of Pennsylvania

County of CHESTER

On this the 7TH day of AUGUST 2026, before me, CLAUDINE SPIRON, the undersigned officer, personally appeared, ROXANNE NURENBERG known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Claudine Spiron
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Claudine Spiron, Notary Public
Chester County
My Commission Expires February 15, 2028
Commission Number 1239864

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Baseball **School Year:** 2026-2027

A. Booster Club Officers:

President: Melissa Wilding Email: melissa@toepps.com
Vice President: Christine Maguire Email: cmaguire50@verizon.net

Secretary: Email:
Treasurer: Leah Tasca Email: Ltasca675@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Melissa was asked by prior Booster President, Christine was selected and approved by pre

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Melissa Wilding Email: melissa@toepps.com

Phone (c): 610-805-6224

D. Financial Information:

1. Name of Financial Institution: Truist Bank
2. Designees' to sign checks:
   1. Melissa Wilding 2. Christine Maguire
3. The two (2) people receiving the bank statements:
   1. Melissa Wilding 2. Christine Maguire

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5000-8000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: N/A
d. Social Media Handles: hendersonbase
e. Social Media Manager: Shane Manuel
f. Social Media Manager's Email: dmleitner@yahoo.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Basketball **School Year:** 2026-27

A. Booster Club Officers:

President: Eileen DeLucia Vice President: Eric Urbanski

Secretary: A.J. Urbanski Treasurer: _____

B. Describe how the above individuals were elected/chosen officers for this booster organization.

Appointed President asked individuals who volunteered and helped significantly with the boosters last year.

C. List one (1) contact person for communication with the athletic director or designee.

Name: Eileen DeLucia Email: eileendelucia@yahoo.com

Phone (c): (610)608-6232 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: Truist Bank

b. Designee's to sign checks:

1. Eileen DeLucia 2. _____

c. The two (2) people receiving the bank statements:

1. Eileen DeLucia 2. Eric Urbanski

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $ 10,000

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: _____

b. Webmaster for your Booster organization: _____

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity HGB Girls Basketball **School Year:** 2026-2027

A. Booster Club Officers:

President: Tawana Rivera Email: trivera06@comcast.net
Vice President: Meredith Rieger Email: meremaid1313@yahoo.com
Secretary: Shannon Quinn Email: quinns@tesd.net
Treasurer: Blaise Forcine Email: blaise@forcinewallandpatio.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteered/Selected to best support our organization.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Tawana Rivera Email: trivera06@comcast.net
Phone (c): 484-995-0809

D. Financial Information:

1. Name of Financial Institution: Truist Bank
2. Designees' to sign checks:
   1. Blaise Forcine 2. _____
3. The two (2) people receiving the bank statements:
   1. Blaise Forcine 2. Tawana Rivera

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $3,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: N/A
d. Social Media Handles: hendygball (Instagram)
e. Social Media Manager: Grace O'Loughlin and Brooke Forcine
f. Social Media Manager's Email: gracie.oloughlin@icloud.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cheerleading **School Year:** 2026-2025

A. Booster Club Officers:

President: Kindra Kearney Email: kindrakny@gmail.com
Vice President: Shannon Trego / Shawn Carter Email: strego9181@gmail.com /ssgcart
Secretary: Justine Jameson Email: jjmarie43@icloud.com
Treasurer: Stephanie Sommers Email: wcusommers@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Voted in at board meeting on June 23, 2026.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Kindra Kearney Email: wchendersoncheerboosters@gmail.com

Phone (c): 267-885-5392

D. Financial Information:

1. Name of Financial Institution: Mid Penn Bank
2. Designees' to sign checks:
   1. Stephanie Sommers 2. Kindra Kearney
3. The two (2) people receiving the bank statements:
   1. Stephanie Sommers 2. Kindra Kearney

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: https://sites.google.com/view/hhscheerboosters/home
c. Webmaster's Email: wchendersoncheerboosters@gmail.com
d. Social Media Handles: TBD
e. Social Media Manager: shared among the board
f. Social Media Manager's Email: wchendersoncheerboosters@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cross Country + Track **School Year:** 2026 - 2027

A. Booster Club Officers:

President: Kara Dougherty Email: kd@wrongcrowdbeer.com
Vice President: Will Wood Email: willwood@wynnwoodco.com
Secretary: Beth Corbett + Lorraine Floyd Email: eac353@hotmail.com
Treasurer: Bill Dawson Email: rainknee19702@yahoo.com
Email: Billdawson94@gmail.com

hendyxctrackfield boosters@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Via a vote of members.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Kara Dougherty Email: kd@wrongcrowdbeer.com

Phone (c): 484 947 9888

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Bill Dawson 2. Kara Dougherty
3. The two (2) people receiving the bank statements:
   1. Bill Dawson 2. Kara Dougherty

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 15,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: —
c. Webmaster's Email: —
d. Social Media Handles: wc-henderson-tfxboosters
e. Social Media Manager: The Board
f. Social Media Manager's Email: wendyxctrackfieldboosters@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Field Hockey **School Year:** 2026/2027

A. Booster Club Officers:

President: Amy Taylor Email: amyLtaloor04@gmail.coom
Vice President: Colleen Connelly Email: connellycolleen6@gmail.com

Secretary: Robin Allen Email: rallen@ojrsd.net
Treasurer: Corinne Greskiewicz Email: Corinnegreskiewicz@me.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Amy was VP in 2024 by volunteering. In 2025, Amy became the president and the others s

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Amy Taylor Email: amyLtaloor04@gmail.coom

Phone (c): 484-433-9181

D. Financial Information:

1. Name of Financial Institution: Wells Fargo
2. Designees' to sign checks:
   1. Corinne Greskiewicz 2. Amy Taylor
3. The two (2) people receiving the bank statements:
   1. Corinne Greskiewicz 2. Amy Taylor

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $7500

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: @hendyfhock
e. Social Media Manager: Logan Scherrer, Senior
f. Social Media Manager's Email: 27scherrerL@wcasd.net

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Flag Football **School Year:** 2026-2027

A. Booster Club Officers:

President: Jen Weaver Email: weaver.jen07@gmail.com
Vice President: Megan Heistand Email: mmdooley_8@hotmail.com
Secretary: Carly Pilotti Email: carlypilotti@gmail.com
Treasurer: Maria Jenkinson Email: mjenkinson17@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

The coaches reached out looking for volunteers to serve as Booster Club Officers. The fou

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Jen Weaver Email: weaver.jen07@gmail.com
Phone (c): 215.779.0414

D. Financial Information:

1. Name of Financial Institution: Citadel Bank
2. Designees' to sign checks:
   1. Maria Jenkinson 2. Jen Weaver
3. The two (2) people receiving the bank statements:
   1. Maria Jenkinson 2. Jen Weaver

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $1000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: @hendyflagfb
e. Social Media Manager: Jen Weaver
f. Social Media Manager's Email: weaver.jen07@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER
AREA
SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity FOOTBALL **School Year:** 2026-2027

A. Booster Club Officers:

President: David Brice Email: dabrice67@verizon.net
Vice President: Holly Herbener Email: mommyherb@comcast.net

Secretary: Kevin Reisner Email: Kevin.e.reisner@gmail.com
Treasurer: Carla Lusby Email: carlalusby@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: David Brice Email: dabrice67@verizon.net

Phone (c): 610-960-1175

D. Financial Information:

1. Name of Financial Institution: Truist

2. Designees' to sign checks:

   1. Carla Lusby 2. _____

3. The two (2) people receiving the bank statements:

   1. Carla Lusby 2. David Brice

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 10,000.

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: wchendersonfootball.com
c. Webmaster's Email: Kevine.reigner@gmail.com
d. Social Media Handles: ~~WC Henderson Football, hendersonfb~~
e. Social Media Manager: Kevin Reigner
f. Social Media Manager's Email: Same as webmaster

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website:
https://www.chesco.org/896/Certified-Food-Manager-Program

Socials from above:
(FB) - WC Henderson Football
(IG) - hendersonfb
(X) @~~Hend~~Henderson_FB

High School Athletics & Booster Groups

Each athletic team does not need a group in ML Schedules. They will schedule through the HS athletic office.

Booster groups must have their own group account (Type 2) set up in ML Schedules with a parent contact and form signed by principal uploaded. Coaches cannot be listed as primary contact under the booster group. Please make sure that "Booster" is in the group name with the sport i.e. Henderson Boys Basketball Boosters.

Example of events:

- In season practices & games
- Off season works outs
- Team meetings
- Clinics/camps for youth (not HS Athletic team)
- Team camp (For HS Athletes)
- Banquets/Team Dinners
- Booster Meetings
- Other Booster events/fundraisers

Events to Schedule with Athletic Office	Events to Schedule by Booster Groups
In season practices and games	Clinics/camps for youth (fee collected by boosters)
Off season team workouts	Team camp (fee is collected by boosters)
Team meetings	Banquets/Team dinners
Team Camp (if no fee is collected)	Booster Meetings
	Other Booster events/fundraisers

WEST CHESTER
AREA
SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity GOLF- GIRLS **School Year:** 2026

A. Booster Club Officers:

President: MATT BAKER Email: Matthew.B.Baker@dayforce.com
Vice President: CHRISTINE MENDOZA Email: Christine.D.MENDOZA@GMAIL.COM

Secretary: MIKE PILOTTI Email: MIKE-PILOTTI@hotmail.com
Treasurer: MATT BUSCH Email: Matthew.A.BUSCH@GMAIL.COM

B. Describe how the above individuals were elected/chosen officers for this booster club.

VOLUNTEERS FROM PARENTS

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: MATT BAKER Email: MATTHEW.B.Baker@Dayforce.com

Phone (c): 412 535 1834

D. Financial Information:

1. Name of Financial Institution: TRUIST

2. Designees' to sign checks:

   1. MATT BAKER 2. MATT BUSCH

3. The two (2) people receiving the bank statements:

   1. MATT BAKER 2. MATT BUSCH

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 1000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Lacrosse **School Year:** 2026/2027

A. Booster Club Officers:

President: Laina Raffaele Email: lainaraffaele@gmail.com
Vice President: Karen Turse Email: kturse10@gmail.com

Secretary: TBD Email:
Treasurer: TBD Email:

B. Describe how the above individuals were elected/chosen officers for this booster club.

Karen and Laina took over last year. Despite several requests nobody has stepped up.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Laina Raffaele Email: lainaraffaele@gmail.com

Phone (c): 610-999-0982

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Laina Raffaele 2. Karen Turse
3. The two (2) people receiving the bank statements:
   1. Laina Raffaele 2. Karen Turse

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $6,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: www.hendersonboyslacrosse.com
c. Webmaster's Email: hendyboyslax@gmail.com
d. Social Media Handles: wc_henderson_boys_lax
e. Social Media Manager: Laina Raffaele, Sean Evans
f. Social Media Manager's Email: lainaraffaele@gmail.com; sevans1@wcasd.k12.pa.us

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Henderson Girls Lacrosse **School Year:** 2026-2027

A. Booster Club Officers:

President:	Heather Conroy	Email:	heatherpatton@yahoo.com
Vice President:	Kate Schauller	Email:	katieschalleur@yahoo.com
Secretary:		Email:	
Treasurer:	Rachel McEhenney	Email:	ramcelhenney@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

They volunteered.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Heather Conroy Email: heatherpatton@yahoo.com

Phone (c): 4846787500

D. Financial Information:

1. Name of Financial Institution: Wells Fargo
2. Designees' to sign checks:
   1. Rachel McElhenney 2. Jody Lewis
3. The two (2) people receiving the bank statements:
   1. Rachel McElhenney 2. Jody Lewis

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: None
c. Webmaster's Email: Hendersonglax@gmail.com
d. Social Media Handles: Hendyglax (Instagram)
e. Social Media Manager: Lacrosse Senior girls
f. Social Media Manager's Email: none

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Marching Band **School Year:** 2026-27

A. Booster Club Officers:

President: Sara Smith Email: telesara3@gmail.com
Vice President: Julia Lambert Email: julia.runner@gmail.com

Secretary: Stephanie Saitis Email: stephaniesaitis@outlook.com
Treasurer: Lori Adair Email: ladair_cpa@yahoo.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

These individuals were nominated and unanimously approved to begin or continue in their p

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Sara Smith Email: telesara3@gmail.com

Phone (c): 302-559-5986

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Lori Adair 2. Traci McCarthy
3. The two (2) people receiving the bank statements:
   1. Lori Adair 2. Traci MCarthy

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $40000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Soccer **School Year:** 2026-2027

A. Booster Club Officers:

President: Karin Ricciardi Email: karinricciardi@yaho
Vice President: Jackie Hawkins Email: hawkingjackie08@gmail
Secretary: Cristin Maurer Email: cristin.maurer@gmail
Treasurer: Leah Tasca Email: Htasca675@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Karin Ricciardi Email: karinricciardi@yahoo.com

Phone (c): 4845380843

D. Financial Information:

1. Name of Financial Institution: Truist Bank
2. Designees' to sign checks:
   1. Leah Tasca 2. Karin Ricciardi
3. The two (2) people receiving the bank statements:
   1. Leah Tasca 2. Karin Ricciardi

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 2,000.

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: www.whendersonboysoccer.com
c. Webmaster's Email: ~~www.whboys~~ hhsboyssoccer@gmail.com
d. Social Media Handles: Insta - WC_henderson_Soccer
e. Social Media Manager: FB - HHS Boys Soccer Boosters
f. Social Media Manager's Email: FB - Cristin Maurer
Cristin.maurer@gmail.com

4. Concession Stand: Insta - Chad Wilson
cwilson@wcasd.net

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Soccer **School Year:** 2026-2027

A. Booster Club Officers:

President: Cyndi Knapp Email: cynthiamknapp@gmail.com
Vice President: Donna Lee Email: donnalee7921@gmail.com
Secretary: Lauren Weinmann Email: laurenMbrennan@gmail.com
Treasurer: Alicia Dattilo Email: nadattilo5@verizon.net
<Treasurer: Carla Brown crsink1416@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Each officer was recruited. We attempted to represent each grade level.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Cyndi Knapp Email: cynthiamknapp@gmail.com
Phone (c): 267-980-2447

D. Financial Information:

1. Name of Financial Institution: TD Bank - West Chester
2. Designees' to sign checks:
   1. Alicia Dattilo 2. Carla Brown
3. The two (2) people receiving the bank statements:
   1. Alicia Dattilo 2. Carla Brown

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $_____

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: HGS Instagram
c. Webmaster's Email:
d. Social Media Handles: Steve Norris
e. Social Media Manager:
f. Social Media Manager's Email: snorris@wcasd.k12.pa.us

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Swimming & Diving **School Year:** 2026-2027

A. Booster Club Officers:

President: Emily Denney Email: emydenney@gmail.com
Vice President: Email:

Secretary: Kristin Niederman Email: kristin4806@gmail.com
Treasurer: Amy Otto Email: AOtto1@its.jnj.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

An open call for Booster volunteers and officers is made at the annual Parents' meeting an

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Emily Denney Email: emydenney@gmail.com

Phone (c): 302-897-4953

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Amy Otto 2. Emily Denney
3. The two (2) people receiving the bank statements:
   1. Amy Otto 2. Emily Denney

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $4,500.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: https://sites.google.com/wcasd.net/wchendersonswimmingdiving/welcome-message?authuser=0
c. Webmaster's Email: Thomas McCormick: tmccormick@wcasd.k12.pa.us
d. Social Media Handles: Using only Instagram-Coach run: @warriors_swimdive
e. Social Media Manager: Thomas McCormick: tmccormick@wcasd.k12.pa.us
f. Social Media Manager's Email:

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Henderson Boys Tennis **School Year:** 2026-2027

A. Booster Club Officers:

President: Emily Evans Email: evans.emily507@gmail.com
Vice President: Ginger Mauro Email: gingermauro@aol.com

Secretary: Email:
Treasurer: Lalit Yalamanchili Email: ychilifamily@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteered or asked to help - we are still looking for someone to fill the Secretary role

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Emily Evans Email: evans.emily507@gmail.com

Phone (c): 574-527-4417

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Lalit Yalamanchili 2. Emily Evans
3. The two (2) people receiving the bank statements:
   1. Lalit Yalamanchili 2. Emily Evans

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $3,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: None
c. Webmaster's Email:
d. Social Media Handles: None
e. Social Media Manager:
f. Social Media Manager's Email:

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER
AREA
SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Tennis HHS **School Year:** 2026/2027

A. Booster Club Officers:

President: Meghan Thompson Email: meghanmthompson@gmail.com
Vice President: N/A Email:
Secretary: N/A Email:
Treasurer: Wendy Kirby Email: wendykirby3@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Meghan Thompson Email: meghanmthompson@gmail.com
Phone (c): 610-213-3666

D. Financial Information:

1. Name of Financial Institution: Truist Bank

2. Designees' to sign checks:

1. Wendy Kirby 2. Meghan Thompson

3. The two (2) people receiving the bank statements:

1. Wendy Kirby 2. Meghan Thompson

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $3,500.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: ...in progress
c. Webmaster's Email: Meghanmthompson@gmail.com
d. Social Media Handles:
e. Social Media Manager: Seniors
f. Social Media Manager's Email: 1) clkirby23@icloud.com
2) erinmccartney637@gmail.com
3) avamingrino1@icloud.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

4) 27deannm@student.wcasd.net

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Volleyball **School Year:** 26-27

A. Booster Club Officers:

President: Chrissy Doorly Email: cdoorly78@gmail.com
Vice President: _____ Email: _____

Secretary: _____ Email: _____
Treasurer: _____ Email: _____

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteer

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Chrissy Doorly Email: cdoorly78@gmail.com

Phone (c): 267-971-7941

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Chrissy Doorly 2. _____
3. The two (2) people receiving the bank statements:
   1. Chrissy Doorly 2. _____

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ _____

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: @hendersonvolleyball
e. Social Media Manager: Ashley Stiles
f. Social Media Manager's Email: ashleypstiles@icloud.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Wrestling **School Year:** 2026-2027

A. Booster Club Officers:

President: Geoff Ball Email: geoffreyball@verizon.net
Vice President: Lissette Placenia Email: lissetteplacenia85@gmail.com

Secretary: _____ Email: _____
Treasurer: _____ Email: _____

B. Describe how the above individuals were elected/chosen officers for this booster club.

Elected at booster meeting

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Geoff Ball Email: geoffreyball@verizon.net

Phone (c): 484-459-9270

D. Financial Information:

1. Name of Financial Institution: Truist Bank
2. Designees' to sign checks:
   1. Geoff Ball 2. Lissette Placenia
3. The two (2) people receiving the bank statements:
   1. Geoff Ball 2. Lissette Placenia

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $6000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: wchwrestling@gmail.com
d. Social Media Handles: Instagram
e. Social Media Manager: Lissette Placenia
f. Social Media Manager's Email: lissetteplacenia85@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Henderson Indoor Color Guard Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Julia Lambert

Group President

Emma Regan

Advisor/Coach

7/29/26

Date

Below/attached is the information you requested from the Henderson Indoor Color Guard to be considered a Recognized Athletic Group for the 2026-27 season. Please let me know if you need anything else from us.

1. Name of students participating: 11th Ali McCarthy - 10th Void Thornton -10th Bailie Yeats - 11th Brielle Bullock - 10th Maddox Ehling - 10th Robert Smith - 10th Zeron Hassler - 11th Kaley Fitzpatrick -12th Ecko Pettaway - 10th Cat Farrelly - 9th Lucy Betts - 9th Alyssa Tryniszewski - 10th Madison Kadingo - 9th Cora Frederick - 9th Olivia Rose - 9th CC Clark- 11th Charlotte Lambert - 11th V Brown - 11th Maria MaciasAlvarerz - 10th (*this is the 2026 roster, 2027 roster TBD)
2. Name of Advisor/Coach (please note that the coach must have all clearances and trainings to work with the athletes): Emma Regan
3. Name of group president: Julia Lambert
4. Name of Activity or Sport: Indoor Color Guard
5. Name of general liability insurance carrier: Accord - K&K Insurance Group, Inc.

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and

2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group Henderson Dance Team

b. Name of Advisor/Coach Morgan Lind

c. Name of Group President Stephanie Crouch

d. Name of Activity or Sport Dance Team

e. Name of general liability insurance carrier Great American Insurance Co.

f. Name of directors' and officers' insurance carrier Stephanie Crouch, Jenn Turek, Sonic Criado, Ann Park - Great American Insurance Co.

7/27/26
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Henderson Dance Team Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Stephanie Gould
Group President

Maegan Reid
Advisor/Coach

7/27/26
Date

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Morgan Lind, Advisor/Coach for Henderson Dance Team, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Morgan B Lind
Advisor/Coach

Commonwealth of Pennsylvania

County of Chester

On this the 27th day of July 2026, before me, Sarah A. Young, the undersigned officer, personally appeared, Morgan B. Lind known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Sarah A Young
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Sarah A. Young, Notary Public
Chester County
My Commission Expires July 27, 2029
Commission Number 1250320

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Stephanie Crouch, Group President for Henderson Dance Team, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Stephanie Crouch
Group President

Commonwealth of Pennsylvania

County of Chester

On this the 27th day of July 2026, before me, ~~Steph~~ Sarah A. Young, the undersigned officer, personally appeared Stephanie Crouch known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Sarah A. Young
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Sarah A. Young, Notary Public
Chester County
My Commission Expires July 27, 2029
Commission Number 1250320

1. Name of students participating

Regina Badiano	9th
Lilah Boyer	9th
Aurra Criado	9th
Lucy Ovelman	9th
Alice Prior	9th
Julianna Schneider	9th
Ashi Sharma	9th
Lily Blando	10th
Lexie Pak	10th
Callie Rowe	10th
Hannah Van de Stouwe	10th
Natalie Crouch	11th
Juliette Smith	11th
Emily Stofflet	11th
Ellie Turek	11th
Lily McAfee	12th
Jade Moore	12th
Abby Shiomos	12th

2. Name of Advisor/Coach (please note that the coach must have all clearances and trainings to work with the athletes) - Morgan Lind, clearances attached.

3. Name of group president - Stephanie Crouch
4. Name of Activity or Sport - Henderson Dance Team
5. Name of general liability insurance carrier - Great American Insurance Company (if you need copy of document, please let me know)
6. Name of directors' and officers' insurance carrier (item #13 in 123AG2) - President- Stephanie Crouch, VP- Jenn Turek, Treasurer -Senie Criado, Secretary -Ann Pak -- Great American Insurance Company
7. A copy of the current group rules/regulations - Attached
8. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president (Dr. Conley will be giving this to me in a day or so) - Attached

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group Henderson Ice Hockey Club

b. Name of Advisor/Coach Tommy Aughey

c. Name of Group President Jason Kline

d. Name of Activity or Sport Ice Hockey

e. Name of general liability insurance carrier _____

_____

f. Name of directors' and officers' insurance carrier _____

_____

7-28-2026
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Henderson Ice Hockey Club Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Group President

Advisor/Coach

7-28-2026

Date

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Tommy Aughey, Advisor/Coach for Henderson Ice Hockey Club, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Advisor/Coach

Commonwealth of Pennsylvania

County of Chester

On this the 28 day of July 2020, before me, MaryBeth DeAbreu, the undersigned officer, personally appeared, Tommy Aughey known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Commonwealth of Pennsylvania - Notary Seal
MARY BETH DEABREU - Notary Public
Chester County
My Commission Expires June 29, 2030
Commission Number 1036534

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Jason Kline, Group President for
Henderson Ice Hockey Club
_____, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Group President

Commonwealth of Pennsylvania

County of Chester

On this the 28 day of July 2026, before me, Mary Beth DeAbreu, the undersigned officer, personally appeared, Jason Kline known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Commonwealth of Pennsylvania - Notary Seal
MARY BETH DEABREU - Notary Public
Chester County
My Commission Expires June 29, 2030
Commission Number 1036534

Sofie	Mooiweer	05/23/2012	Female	Pre Registration	Joy	Mooiweer	joy.mooiweer@gmail.com
Saske	Mooiweer	05/23/2012	Female	Pre Registration	Joy	Mooiweer	joy.mooiweer@gmail.com
Avery	Blazek	10/26/2011	Female	Pre Registration	John	Blazek	john@johnblazek.net
lillian	lasher	06/10/2009	Female	Pre Registration	Jeffrey	Lasher	acepro@aol.com
Eva	Doyle	05/27/2009	Female	Pre Registration	Jack	Doyle	jack.doyle@gmail.com
Vanessa	Gill	07/01/2009	Female	Pre Registration	Jennifer	Gill	jleber419@hotmail.com

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Jody Lewis, Group President for West Chester Rugby Football Club, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Jody Lewis
Group President

Commonwealth of Pennsylvania

County of Chester

On this the 18th day of July, before me, Dawn Eiswerth, the undersigned officer, personally appeared, Jody Lewis known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Dawn L Eiswerth
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Dawn L Eiswerth, Notary Public
Chester County
My commission expires April 10, 2027
Commission number 1348810

IDFAC-E (3)

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Jesse Lewis, Advisor/Coach for West Chester Rugby Football Club, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Advisor/Coach

Commonwealth of Pennsylvania

County of Chester

On this the 18th day of July, before me, Dawn Eiswerth, the undersigned officer, personally appeared, Jesse Lewis known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Dawn L Eiswerth, Notary Public
Chester County
My commission expires April 10, 2027
Commission number 1348810

IDFAC-E (2)

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

West Chester Rugby ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Jody Zinn
Group President

Advisor/Coach

7/18/26
Date

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group West Chester Rugby Football Club
b. Name of Advisor/Coach Jesse Lewis
c. Name of Group President Jody Lewis
d. Name of Activity or Sport Rugby
e. Name of general liability insurance carrier Accredited Surety and Casualty Co. Inc
f. Name of directors' and officers' insurance carrier N/A

7/18/26
Date

Expected 2026-2027 Players & Coaches

Player First	Player Last	Coach First	Coach Last
Caden	Staines	Jesse	Lewis
Harry	Slater	Jim	Collins
Jimmy	Collins	David	Plunkett
John	Hoffman	Angel	Rucci (WCASD)
Logan	Larison		
Lucas	Spigarelli		
Max	Manos		
Robbie	Prybolsky		
Seamus	Hodd		
Cole	Roffey		
Chase	Rosendo		
Connor	Cunningham		
Dylan	Boyle		
Jude	Morell		
Leighton	Cleck		
Brayden	Somers		
Luke	Swayne		
Robert	Smith		
Wyatt	Izzi		
Andrew	Rongus		
Austin	Gammache		
Bruce	Laster		
Holland	Cleck		
Adalynn	Staines		
Gabby	Campbell		
Hailey	Markoski		
Julianna	Rhodes		
Maggie	Boden		
Rennah	Ruiz		
Rowan	Caruso		
Sam	Mallon		
Wendy	Barry		

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Basketball **School Year:** 26-27

A. Booster Club Officers:

President:	KellyGillis	Email:	kagillis709@yahoo.com
Vice President:	Christy Black	Email:	black5christy@comcast.net
Secretary:	Heidi Ward	Email:	heidiandraka@yahoo.com
Treasurer:	Christy Rydel	Email:	Christyrydel@me.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Thbe above individuals volunteered as nobody weanted to be elected

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Kelly Gillis Email: kagillis705@yahoo.com

Phone (c): 610-742-0086

D. Financial Information:

1. Name of Financial Institution: _____

2. Designees' to sign checks:

   1. Christy Rydel 2. Kelly Gillis

3. The two (2) people receiving the bank statements:

   1. Christy Rydel 2. Kelly Gillis

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $6000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____

c. Webmaster's Email: _____

d. Social Media Handles: Rustingirlsbasketball

e. Social Media Manager: Morgan Falcone

f. Social Media Manager's Email: Morgan.falcone.5@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cheerleading **School Year:** 2026-2027

A. Booster Club Officers:

President: Jen Geist Email: Jgeist929@gmail.com
Vice President: Erica Wurster Email: Ericawurster@gmail.com

Secretary: _____ Email: _____
Treasurer: Jen Geist Email: Jgeist929@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteer

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Jen Geist Email: Jgeist929@gmail.com

Phone (c): 6103576632

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Jennifer Geist 2. Erica Wurster
3. The two (2) people receiving the bank statements:
   1. Jennifer Geist 2. Erica Wurster

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $4000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: WC Rustin Cheerleading (FB); rustin_cheer (IG)
e. Social Media Manager: Facebook - Jen and Erica; IG coaces
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Cross Country **School Year:** 2026-27

A. Booster Club Officers:

President: Julie Finnegan Email: weareteamfinnegan@gmail.com

Vice President: Diane Damadio Email: diane.damadio@gmail.com

Secretary: N/A Email:

Treasurer: Carrie Simunov Email: carrie.simunov@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Volunteered for roles

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Julie Finnegan Email: weareteamfinnegan@gmail.com

Phone (c): 610-717-6605

D. Financial Information:

1. Name of Financial Institution: WSFS
2. Designees' to sign checks:
   1. Carrie Simunov 2. Julie Finnegan and 3. Diane Damadio
3. The two (2) people receiving the bank statements:
   1. Carrie Simunov 2. Julie Finnegan

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 1,500.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: N/A
d. Social Media Handles: N/A
e. Social Media Manager: N/A
f. Social Media Manager's Email: N/A

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Field Hockey **School Year:** 2026-2027

A. Booster Club Officers:

President: Tina Dean Email: tinadean15@gmail.com
Vice President: Audrey Canterino Email: audreycanterino@gmail.com

Secretary: Email:
Treasurer: Nicole Zackroff Email: Nicole.Zackroff@cbre.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Appointed

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Tina Dean Email: tinadean15@gmail.com

Phone (c): 484-888-9701

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Nicole Zackroff 2.
3. The two (2) people receiving the bank statements:
   1. Nicole Zackroff 2. Tina Dean

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $4,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Football **School Year:** 2026-27

A. Booster Club Officers:

President: Shelbi Impriano and Beth Freney Email: shelbi@cielectricalcontractors.com freneybeth@gmail.com

Vice President: Ana DeMarco Email: alkdemarco@gmail.com

Secretary: TBD Email:

Treasurer: Kate Goetz Email: kategoetzwc@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

The officers volunteered for their chosen roles.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Shelbi Impriano Email: shelbi@cielectricalcontracors.com

Phone (c): 610-633-5258

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. Kate Goetz 2. Beth Freney
3. The two (2) people receiving the bank statements:
   1. Kate Goetz 2. Beth Freney

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: www.rustinfootball.com
c. Webmaster's Email: csimpriano@yahoo.com
d. Social Media Handles: WC Rustin Football Facebook
e. Social Media Manager: Ana Demarco
f. Social Media Manager's Email: Alkdemarco@gmail.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED:

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Golf **School Year:** '26-'27

A. Booster Club Officers:

President: Kristie Barkman Vice President: Marcia DeSantis

Secretary: _____ Treasurer: Alison Carter

B. Describe how the above individuals were elected/chosen officers for this booster organization.

The Booster Club Voted

C. List one (1) contact person for communication with the athletic director or designee.

Name: Kristie Barkman Email: Kristiebarkman@verizon.net

Phone (c): 610-996-5687 Phone (w): _____ Phone (h): _____

D. Financial Information:

a. Name of Financial Institution: KeyBank

b. Designee's to sign checks:

1. Kristie Barkman 2. Alison Carter

c. The two (2) people receiving the bank statements:

1. Kristie Barkman 2. Alison Carter

d. An End of the Season treasurers report must be submitted to the principal or designee within twelve (12) weeks of the end of the season.

e. The organization's recommended maximum limit of carryover money for year is: $2,000

f. A projected, detailed budget will be presented to the principal or his/her designee with this registration form. This budget must include the anticipated booster dues/fees and the breakdown of how the monies will be used.

D. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines- please provide banquet guidelines, which must include a non-alcohol policy.

3. Please provide the following information:

a. Website/link address: N/A

b. Webmaster for your Booster organization: N/A

4. Concession Stand guidelines:

Food handlers' license must be on file with the principal or designee – Information can be obtained by going to the following website:
http://dsf.chesco.org/health/cwp/view.asp?A=3&QUESTION_ID=603760

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Lacrosse **School Year:** 2026/2027

A. Booster Club Officers:

President: Dan Pechin Email: drpechin@comcast.net
Vice President: Jennifer O'Hora Email: ohora@verizon.net

Secretary: _____ Email: _____
Treasurer: _____ Email: _____

B. Describe how the above individuals were elected/chosen officers for this booster club.

Voted In

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Jennifer O'Hora Email: ohora@verizon.net

Phone (c): 610-500-1104

D. Financial Information:

1. Name of Financial Institution: Citizens Bank
2. Designees' to sign checks:
   1. Jennifer O'Hora 2. Dan Pechin
3. The two (2) people receiving the bank statements:
   1. Jennifer O'Hora 2. Dan Pechin

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $4800.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Marching Band **School Year:** 2026-2027

A. Booster Club Officers:

President: Kevin Hill Email: khill1417@gmail.com
Vice President: Laura Harris Email: lauraeharris34@gmail.com
Secretary: Christine VonDerStuck Email: cvonderstuck@gmail.com
Treasurer: Diana Rickards Email: teanadi@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Officers were elected by general membership at booster meetings, per the by laws of the RGKMB.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Laura Harris Email: lauraeharris34@gmail.com

Phone (c): 610 299 3195

D. Financial Information:

1. Name of Financial Institution: Key Bank
2. Designees' to sign checks:
   1. Diana Rickards 2. Kevin Hill
3. The two (2) people receiving the bank statements:
   1. Diana Rickards 2. _____

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 15,000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: www.rustinband.org
c. Webmaster's Email: mshoremont@wcasd.net
d. Social Media Handles: Instagram - @rustinmarchingband
e. Social Media Manager: TBD
f. Social Media Manager's Email: TBD

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Boys Soccer **School Year:** 2026-2027

A. Booster Club Officers:

President:	Kim Mitchell, Marianne Johnston	Email:	kim.mitchell@sagepub.com
Vice President:	Shari Chappel	Email:	shari.l.chappell@gmail.com
Secretary:		Email:	
Treasurer:	Eileen Bengston	Email:	emp119@yahoo.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

They are all volunteers. An email is sent to all parents in Spring asking for volunteers for all

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Kim Mitchell Email: kim.mitchell@sagepub.com

Phone (c): 512-423-1986

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Kim Mitchell 2. Eileen Bengston
3. The two (2) people receiving the bank statements:
   1. Kim Mitchell 2. Eileen Bengston

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $9,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: https://sites.google.com/view/rbsboosters/home
c. Webmaster's Email: kim.mitchell@sagepub.com
d. Social Media Handles: Instagram; rustin.boys.soccer
e. Social Media Manager: Camille Holstein
f. Social Media Manager's Email: camille921@yahoo.com

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Soccer **School Year:** 2026-27

A. Booster Club Officers:

President: Trisha Duffie Email: duffie24@comcast.n
Vice President: ~~[illegible]~~ Katie Giordano Email: Katiemcgiordano@gmai

Secretary: Ana DeMarco Email: alKdemarco@gmail.com
Treasurer: David McClain Email: Pavemcclain@verizon.

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Trisha Duffie Email: duffie24@comcast.net

Phone (c): 610-505-5537

D. Financial Information:

1. Name of Financial Institution: TD Bank
2. Designees' to sign checks:
   1. David McClain 2. Trisha Duffie
3. The two (2) people receiving the bank statements:
   1. David McClain 2. Trisha Duffie

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: N/A
c. Webmaster's Email: N/A
d. Social Media Handles: @rustingsoccer
e. Social Media Manager: Trisha Buffie
f. Social Media Manager's Email: duffie24@comcast.net

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website:
https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Swimming **School Year:** 2026 2027

A. Booster Club Officers:

President: Miriam Khatib Email: miriamkhatib@comcast.net
Vice President: _____ Email: _____

Secretary: _____ Email: _____
Treasurer: Julie Libke Email: jibke215@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Individuals volunteered and determined roles amoung ourselves.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Miriam Khatib Email: miriamkhatib@comcast.net

Phone (c): 484 467 7955

D. Financial Information:

1. Name of Financial Institution: Truist Bank
2. Designees' to sign checks:
   1. Julie Libke 2. Miriam Khatib
3. The two (2) people receiving the bank statements:
   1. Julie Libke 2. Miriam Khatib

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $5,000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: https://sites.google.com/view/rustinswimanddive/
c. Webmaster's Email: mcoley@wcasd.k12.pa.us
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Tennis **School Year:** 2026-2027

A. Booster Club Officers:

President: Daniella Hopkins Email: hopkinsdaniella@gmail.com
Vice President: Abby Ellefson Email: amellefson@comcast.net

Secretary: _____ Email: _____
Treasurer: Ryan Meers Email: ryanmeers@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Daniella Hopkins & Abby Ellefson Email: hopkinsdaniella@gmail.com & amellefson@comcast.net

Phone (c): 484-432-2425 / 610-334-5455

D. Financial Information:

1. Name of Financial Institution: Truist Bank (16 East Rd., West Chester)
2. Designees' to sign checks:
   1. Ryan Meers 2. _____
3. The two (2) people receiving the bank statements:
   1. Ryan Meers 2. _____

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $ 3,000

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: _____
c. Webmaster's Email: _____
d. Social Media Handles: _____
e. Social Media Manager: _____
f. Social Media Manager's Email: _____

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

WEST CHESTER AREA SCHOOL DISTRICT

No. 915AG1

ADMINISTRATIVE GUIDELINE

APPROVED: August 1, 2015

REVISED: 12/15/2025

915.1AG1 Annual Booster Club Registration

Sport/Activity Girls Volleyball **School Year:** 2026-2027

A. Booster Club Officers:

President:	Christine Parkinson	Email:	cparkinson2006@gmail.com
Vice President:	Erin Grune	Email:	egrune22@gmail.com
Secretary:	Beth Whelan	Email:	beth.whelan2@yahoo.com
Treasurer:	Danny Grune	Email:	Dgrune29@gmail.com

B. Describe how the above individuals were elected/chosen officers for this booster club.

Chosen based off communicating interest in coordinating this year's activities. Sub committ

C. List one (1) contact person for communication with the athletic director or supervising administrator.

Name: Christine Parkinson Email: cparkinson2006@gmail.com

Phone (c): 610.306.2998

D. Financial Information:

1. Name of Financial Institution: Truist
2. Designees' to sign checks:
   1. Christine Parkinson 2. Kaitlin Assenheimer
3. The two (2) people receiving the bank statements:
   1. Christine Parkinson 2. Kaitlin Assenheimer

4. A treasurer's report must be submitted to the athletic director or supervising administrator by June 30th. An audit report must be submitted to the athletic director or supervising administrator by July 31st.
5. The booster club's recommended maximum limit of carryover money for year is: $2,000.00

E. Special Notes:

1. Please make copies of the Spectator Code of Conduct (915.1AG2) and hand out to every booster member prior to the start of the season.

2. Banquet guidelines. Please provide banquet guidelines, which must include a no alcohol policy.

3. Please provide the following information about the booster club:

a. Website address: https://sites.google.com/view/rustinvb
c. Webmaster's Email: cpyszczymuka@wcasd.k12.pa.us
d. Social Media Handles: rustinvb & rustinvball
e. Social Media Manager: Ava Stasen
f. Social Media Manager's Email: astasen@wcasd.k12.pa.us

4. Concession Stand:

A Food managers license or other license or certification required by the Chester County Health Department must be on file with the athletic director or supervising administrator. Information can be obtained by going to the following website: https://www.chesco.org/896/Certified-Food-Manager-Program

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group Rustic Dance Team

b. Name of Advisor/Coach Emily Gilligan

c. Name of Group President Michele Alcott

d. Name of Activity or Sport Dance Team

e. Name of general liability insurance carrier per attached

f. Name of directors' and officers' insurance carrier

7-31-26
Date

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, Emily Gilligan, Advisor/Coach for Rustic Dance Team, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Emily Gilligan
Advisor/Coach

Commonwealth of Pennsylvania

County of Delaware

On this the 31st day of July 2026, before me, Marcel Cooper, the undersigned officer, personally appeared, Emily Catherine Gilligan known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Marcel Cooper

Commonwealth of Pennsylvania - Notary Seal
Marcel Cooper - Notary Public
Delaware County
My Commission Expires May 29, 2029
Commission Number 1456470

Notary Public

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Rustic Dance Team Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

Charles Mort
Group President

Emily Shirk
Advisor/Coach

7/31/26
Date

2026-2027 Rustin Dance Team Dancer & Parent Agreement

Please check and initial each statement, and sign and date below. Please return this agreement by May 18th via email to Rustindanceteam@gmail.com, or by bringing in person to the Meet & Greet. By signing this agreement, you are 100% committing to being a 2026-2027 RDT member.

_____ I, _____, am excited to participate and be a part of the 2026-2027 Rustin Dance Team!!! I will give 100% effort, energy and enthusiasm to being a productive member of the team.

_____ My parents understand that with my membership on the team, comes the requirement for them to be a member of the Dance Team Boosters. This entails attending regular meetings, taking part in fundraising, and being an active member of at least one of the sub-committees to lead components of team events throughout the year.

_____ I, and my parents, have thoroughly read and fully understand the 2026-2027 RDT Team Member/Parent Overview & Financial Commitment and Team Agreement forms.

_____ I understand the financial responsibility and can 100% manage this responsibility – RDT Dues of $250 per dancer will be due on or before August 24th.. There will be other costs (approximately $50-$600) for all other needed supplies such as uniforms, team jacket, team sneakers, etc. (NOTE – the higher end of this range will be for new members as they purchase all uniforms for the first time, etc. – many of which are re-used year-to-year making future year payments less. *(*Payment plans can be arranged, as needed)*

_____ I am available and will attend the Summer Dance Team Pre-Season to be held at Rustin High School on August 24th-28th, from 9am-3pm. Typically, three routines will be taught during this time, in preparation for the team's first football game performance – which will most likely be held withing the first 1-3 weeks of school. (NOTE: Friday, the 28th is currently a TBD, but dancers are required to hold it open on their calendars until notified otherwise. There is also a strong chance that some of the practice times will move to late afternoon/ early evening hours for that week to allow for a guest choreographer, so dancers should hold that time, as well (i.e., 4pm-7pm)).

_____ I am available for all practices after school on Tuesdays & Thursdays from 2:30pm-3:45pm starting August 31st.

_____ I will fill notify my coach at the start of the season of any major known practice conflicts; And will let her know in a timely manner of any unplanned that come up.

_____ **I understand that if I miss 3 practices, arrive late, or leave early from practices, I may be removed from a routine and possibly the team all together. I understand that if I miss 3 performances or events, I will be removed from the next performance, and possibly the team**.

_____ I will be available and/or make myself available to perform at the Homecoming Pep Rally; Date TBA

_____ I will be available and/or make myself available to perform at Friday night football & mid-week soccer games in September and October – exact dates to be confirmed by Athletic Director. (In a typical year – there are 2-3 football games & 3-5 soccer games.)

_____ I, **and my parents** will be available and/or make myself available for a MANDATORY dance workshop fundraising event which will take place in late October or early November from 8:00am-3:00pm. The date will be communicated as soon as it is known/ set – but has historically, most often been on the second Saturday of November.

_____ I will be available and/or make myself available to perform at basketball games throughout December-February mostly held on Tuesday, Wednesday and/or Thursday evenings (A more specific schedule will be available in the mid-to-late-fall timeframe; In a typical year – there are 6-9 evening basketball games).

_____I am currently registered at a dance studio & taking an outside dance class(s) &/or will sign up at the following studio for a classes over the 2026 summer & during the upcoming team season; This is required to ensure technique is practiced & maintained, and the ability to quickly pick up choreography is achievable. RDT has a high standard for performance quality which all dancers will be expected to meet for the greater good of the team. *****IF AT ANY POINT – A DANCER IS NOT "PERFORMANCE-READY" AND ON PAR WITH THE PERFORMANCE LEVEL OF THE REST OF THE TEAM – SHE WILL BE REMOVED/HELD FROM PERFORMANCES UNTIL HER LEVEL MATCHES THAT OF THE TEAM.** THIS WILL BE STRICTLY ENFORCED FOR THE 2026-2027 SEASON

_____.

_____ I will conduct myself in a positive & friendly attitude towards my coach, my teammates and all parents and school faculty involved. I will also be respectful and professional in all that I do – as a representative of the Rustin Dance Team.

_____ I will academically do my best & understand that if my grades are not acceptable, I may be removed from the team.

_____ I will work hard at every practice and give 100% performance quality always. Again, I understand that if my dancing is not at a "performance ready" level, as determined by the coach, I will be removed from performances until achieved.

_____ I am willing to be pushed to new levels in my dancing and performing and am excited to learn new things!

_____ I will communicate with my teammates and coach through Team Snap, Email and Text Messaging; And will monitor all regularly.

_____ If I will be running late or need to miss a practice, I will BE SURE to text Coach Emily and let her know.

_____ If I decide to participate in other school activities/sports, I will BE SURE that it does not conflict with Dance Team in any way.

_____ _____

Student Name Date

_____

Student Signature

_____ _____

Parent Name Date

_____

Parent Signature

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2025

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 Alexis Hunter Group Inc 26 REGENCY PLZ GLEN MILLS, PA 19342-1001	CONTACT NAME: PHONE (A/C, No, Ext): 484-318-2252 FAX (A/C, No): (484) 765-3390 E-MAIL ADDRESS: chris@ahginsurance.com; chriszahg@gmail.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Great American Insurance Company — 16691
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: West Chester Rustin Dance team c/o A Gentile 1555 S. COVENTRY LN West Chester, PA 19382	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** GAP147584 **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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X INCLUDES ATHLETIC PARTICIPANTS GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		PAC 4725038	08/25/2025 12:00 AM	08/25/2026 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $300,000 $0 $1,000,000 $1,000,000 $1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTO NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	
A	Professional Liability	X		PAC 4725038	08/25/2025 12:00 AM	08/25/2026 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	$1,000,000 $1,000,000
A	Abuse and Molestation	X		PAC 4725038	08/25/2025 12:00 AM	08/25/2026 12:01 AM	EACH OCCURRENCE GENERAL AGGREGATE	$100,000 $300,000
A	Accident/Medical Coverage			BSR-F345496-00	08/25/2025 12:00 AM	08/24/2026 11:59 PM	AD&D MAXIMUM MEDICAL DEDUCTIBLE	$10,000 $25,000 $0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Youth Sport Leagues - Cheerleading (no stunts)

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER	CANCELLATION
WCASD - West Chester Area School District 782 Springdale Dr Exton, PA 19341	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 Alexis Hunter Group Inc.

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IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Michele Alcott, Group President for
The Bayard Rustin High School Dance Team
_____, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Michele Alcott
Group President

Commonwealth of Pennsylvania

County of _____

On this the _____ day of _____, before me, _____, the undersigned officer, personally appeared, _____ known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

_____
Notary Public

2026-2027 RUSTIN DANCE TEAM ROSTER

9TH GRADE

HAYLEE BENZ
MARIELLA CURRY
ADELYN FOUR
EMMA GATHERCOLE
MALENA KAMARA
AVA MULLIN
MADELINE PREMATTA
SOFIA SOARES

10TH GRADE

SYDNEY FRASCELLA
EMMA HAYES
SOPHIA PASQUANTONIO
SAGE ROSENFELD

11TH GRADE

EMILY GRIFFITH
SKYLA MCFARLAND
KARLEIGH PRESTON
KIARA RICCIARDI
SOPHIA SALERNO

12TH GRADE

MELAINA ALCOTT
HALEIGH GRAHAM
EMMA LYONS
EMILY MANNES
FAITH OGLESBY
LAUREN QUIGLEY
MADDI RAIMONDO

West Chester Area School District

Annual Application for Recognition and Athletic Group Status Directions

Any athletic group seeking recognition and group status from the West Chester Area School District must complete this form and agree to comply with the attached West Chester Area School District Requirements for Recognition of Athletic Groups.

Completed applications must be returned at least two months before the expected starting date accompanied by the following:

1. A copy of the current group rules and regulations; and
2. The Hold Harmless and Indemnification Agreement signed by the advisor/coach and the group president.

Information Required

a. Name of Group Rustin Hockey Club Inc.

b. Name of Advisor/Coach Chris Francis

c. Name of Group President Bruce Bley

d. Name of Activity or Sport Ice Hockey

e. Name of general liability insurance carrier Acord Corporation/ USA Hockey

f. Name of directors' and officers' insurance carrier Great American Insurance Group

6/1/2022 to 6/01/2028
Date

West Chester Area School District

The High School Athletic Group

Hold Harmless and Indemnification Agreement

Rustin Hockey LLC Group ("Group") agrees to the following in consideration of its receipt of official group status from the Board of School Directors of West Chester Area School District ("WCASD").

1. The Group agrees to indemnify and hold WCASD as well as WCASD's Directors, agents, and employees harmless of any and all liability arising from or based upon the activities of the Group.

2. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims, or judgments, including attorney's fees, and includes but is not limited to injuries to person or property.

3. The Group shall, at its own cost and expense, defend any and all lawsuits which may be brought against WCASD whether that lawsuit is brought against WCASD alone or in conjunction with others.

4. The Group shall satisfy, pay, and discharge any and all judgments and fines that may be recovered against WCASD in any lawsuit referenced in paragraph 3 above.

5. WCASD shall give the Group written notice of any claim or demand or lawsuit.

Intending to be legally bound, the Group agrees to the foregoing.

B— A[illegible]

Group President

Chris Francis

Advisor/Coach

8/13/2026

Date

West Chester Area School District

Athletic Group Advisor/Coach Agreement

I, JOHN FRANCIS, Advisor/Coach for RUSTIN ICE HOCKEY CLUB, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Advisor/Coach

Commonwealth of Pennsylvania

County of Delaware

On this the 13 day of Aug, 2020, before me, Sharon Angelaccio the undersigned officer, personally appeared, John C Francis known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Notary Public

Sharon L. Angelaccio

Commonwealth of Pennsylvania - Notary Seal
Sharon L. Angelaccio, Notary Public
Delaware County
My commission expires April 7, 2021
Commission number 1003053
Member, Pennsylvania Association of Notaries

IDFAC-E (4)

West Chester Area School District

Athletic Group President Agreement

I, Bruce A. Bley, Group President for Rustin Hockey Inc.

_____, have received and reviewed the West Chester Area School District Requirements for Recognition of Athletic Groups attached to this application and agree to abide by those requirements.

Group President

Commonwealth of Pennsylvania

County of Delaware

On this the 13 day of August 2024, before me, Melissa Castagliuolo, the undersigned officer, personally appeared, Bruce A Bley known to me to be the person whose name is subscribed to this document, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

Melissa Castagliuolo
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Melissa Castagliuolo, Notary Public
Delaware County
My commission expires June 25, 2028
Commission number 1445954
Member, Pennsylvania Association of Notaries

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/29/2025

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.

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PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Contact your USA Hockey Assigned Risk Manager PHONE (A/C, No, Ext): · FAX (A/C, No): · E-MAIL ADDRESS: ·
INSURED USA Hockey, Inc. and its Member Leagues, Teams & Organizations and USA Hockey Affiliates 1775 Bob Johnson Drive Colorado Springs, CO 80906	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Pennsylvania Manufacturers' Association In 12262 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** W40147857 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant Legal Liability X Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			302501-13-12-76-8	09/01/2025	09/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Part Legal Liability	$ 1,000,000 $ 1,000,000 $ $ 1,000,000 $ 5,000,000 $ 2,000,000 $ Included
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All West Chest HS Ice Hockey teams

CERTIFICATE HOLDER

West Chester Area School District
820 Paoli Pike
West Chester, PA 19380

CANCELLATION

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

John Beam

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SR ID: 28325992 BATCH: 4104574

D.2. Approval of AASA Contract	**Speaker(s):** Dr. Reynolds
D.3. Approval of ten (10) Special Education Contracts	
E. **Social Studies Professional Learning Development**	**Speaker(s):** Dr. Weary
F. **DISCUSSION ITEMS**	
F.1. 2026-2027 Elementary Departmentalization	**Speaker(s):** Dr. Missett

AUGUST 17, 2026

DEPARTMENTALIZATION

Teching, Learning and Equity Committee Meeting

What is Departmentalization in our Elementary Schools?

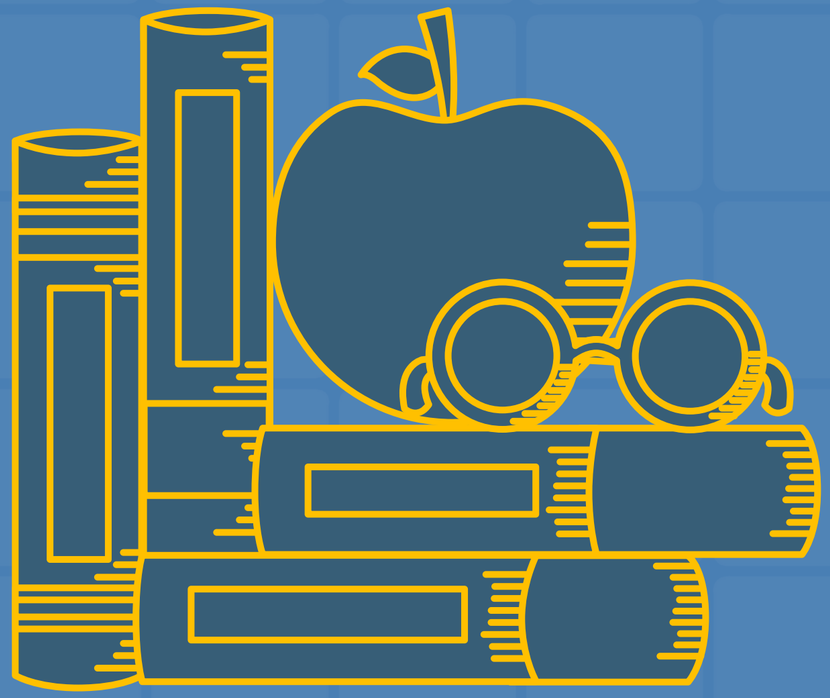
DEPARTMENTALIZATION

noun | de•part•ment•a•li•za•tion | /dih-pahrt-men-tl-ih-ZAY-shuhn/

Departmentalization is a teaching model in which educators specialize in specific subject areas (such as math, reading, science, or social studies) and work with different groups of students, rather than providing instruction in all subjects to a single class.

- **Students rotate among teachers who focus on specific subjects**
- **Strong collaboration across teaching teams**
- **Model supports both learning and classroom community**

LET'S REWIND AND REVIEW



The Pilot Year: 2025 - 2026

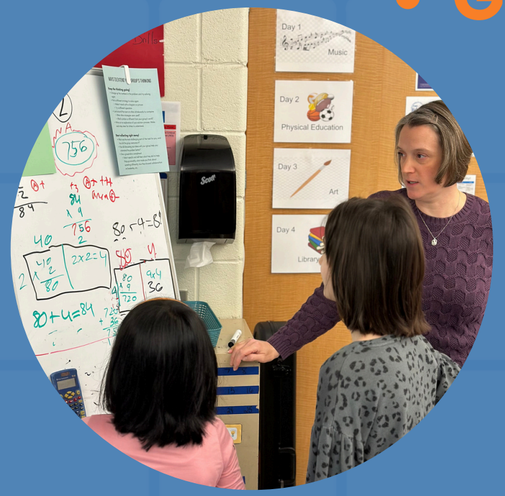
The Planning

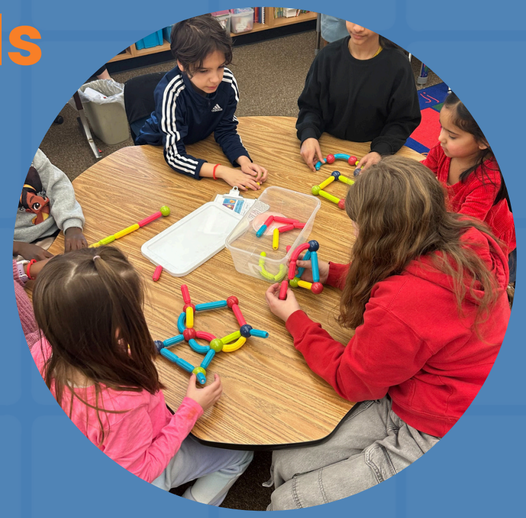
The Site Visits - A Learning Experience

The Collaboration and Professional Development

The Student Experience and the Benefits

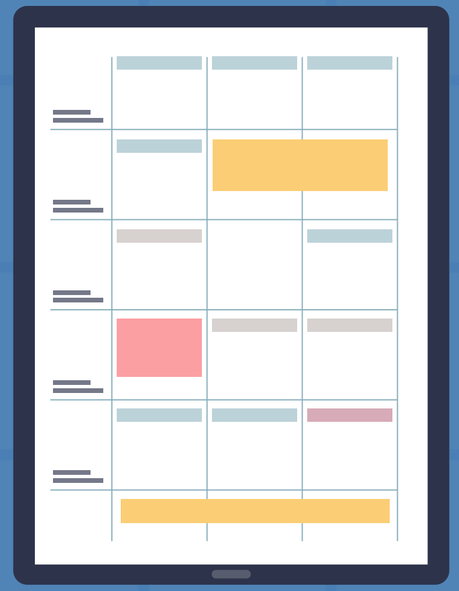
- Students will have an assigned homeroom teacher
- Rotate through subjects with clear routines and expectations
- Supported by multiple caring adults throughout the day
- Gain content mastery and essential life skills





Daily Schedules and Rotations

- Example: One teacher for math and content areas, another for language arts
- Daily routines include homeroom, specials, lunch/recess
- Social-emotional learning integrated across all classes
- Students will transition between classes with support



THE LEARNING BLOCK STRUCTURES

- Schedules (3 Around and 4 Around)

- Common Structures
  - Common Professional Learning Community (PLC)
  - Districtwide Professional Learning
  - Alignment of the Gradebook

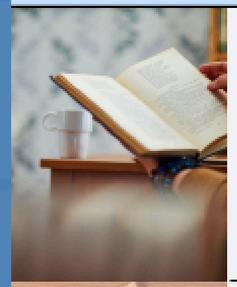
PLCs

PLC Schedule

4th & 5th Grade Departmentalization

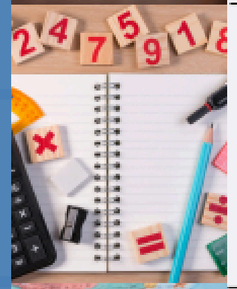
2026 - 2027 School Year

Early Schools: 8:00 - 8:25 am Late Schools: 8:25 - 8:50 am



1st Week of the Month

- 4th Grade: Department PLC w/ TLE Supervisor
- 5th Grade: Department collaboration by content area

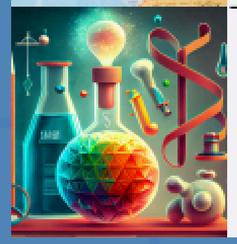


2nd Week of the Month

- 4th Grade: School-based team
- 5th Grade: School-based team

3rd Week of the Month

- 4th Grade: Department collaboration by content area
- 5th Grade: Department PLC w/ TLE Supervisor



4th Week of the Month

- 4th Grade: School-based team
- 5th Grade: School-based team

COMMUNICATION

- Homeroom teacher
- Grade level SMORE
- Conferences

Anticipated Challenges

- Parent and Teacher Conferences
- Expected communication to families
- Special Education, Reading/Math Support, and English Language intervention
- Grouping of identified students
  - (Special Education, Gifted Education, Reading/Math Support, English LanguageLearners)
- Potential shift in teacher responsibility from year to year based on number of sections

LEARNING RELATED BEHAVIORS

Learning Related Behaviors

West Chester Area School District

These revised Learning Related Behaviors will take effect Fall 2026. They are intentionally aligned to our WCASD Portrait of a Graduate and reflect students' growth throughout their elementary school years.

K-2	3-5
Problem-Solving	
• I try different ways to solve a problem. • I use tools and strategies to help me learn. • I ask for help when I need it. • I keep trying, even when something is hard.	• I choose and use strategies to solve problems. • I adjust my strategies when something isn't working. • I keep trying and learn from my mistakes. • I use resources and speak up for help when I need it.
Communication	
• I share my ideas clearly when I speak and write. • I listen and take turns when I talk with others. • I respond to others in a respectful way.	• I share my ideas clearly in different situations. • I adjust how I communicate based on my audience. • I listen carefully and respond thoughtfully. • I build on others' ideas during discussions.
Adaptability	
• I keep trying when learning is challenging. • I follow directions and classroom routines. • I move safely and appropriately between activities.	• I adjust my approach when something is challenging. • I stay on task and transition independently. • I adapt to new situations and expectations.
Responsibility	
• I follow directions and do what is expected. • I complete my work on my own and do my best. • I take care of my materials and belongings. • I take ownership of my actions	• I take responsibility for my learning and complete my work on time. • I come prepared and manage my materials. • I reflect on my learning and set goals to improve. • I take ownership and accountability for my actions.
Empathy	
• I listen to and respect others' ideas and feelings. • I use kind and respectful words and actions. • I work well with others. • I manage my emotions in safe and respectful ways.	• I respect others' ideas, perspectives, and differences. • I work collaboratively and contribute positively to group work. • I manage my emotions and show self-control. • I think about how my actions affect others and make good choices.

West Chester Area School District

QUESTIONS?

F.2. Screen Time Update	**Speaker(s):** Mr. McGowan
G. **MONTHLY ROUTINE ITEMS (these are not voted on by the committee, however, they will appear on the Board Consent Agenda)**	
G.1. Teaching, Learning and Equity Committee Consent Agenda	

WEST CHESTER AREA SCHOOL DISTRICT
APPLICATION TO TERMINATE ACCOUNT

Submit 3 copies to the Director of Secondary Education for submission to the Board.

Check appropriate box:

Date: 6-1-26

☒ Student Activity Account (Fund 50)

Building: HHS

☐ Trust Account (Fund 51)

Account Number: 50-000-221 004-221

Name of Account: Kids Against Childhood Cancer

Ending Account Balance: ~~$580.29~~ $0.00

Disposition of Remaining Funds: donated funds to Children's Hospital of Philadelphia (PO # 2600547 6)

Evan Kratz
Student Officer's Signature

Evan Kratz
Student Officer's Name Printed

Faculty Advisor's Signature

Kelly Rowe Wlodarczyk
Faculty Advisor's Name Printed

Principal's Signature

Signature of Director of Secondary Education

BOARD OF EDUCATION ACTION

This request was ☐ APPROVED

☐ DISAPPROVED

by the Board of Education at their meeting held on : _____
Meeting Date

Reason for disapproval or qualifications of approval, if applicable, were as follows:

Board Secretary's Signature

Date

1 copy Director of Secondary Education, 1 copy returned to Principal, 1 copy to Business Office

Form B – Application to Terminate Account

WEST CHESTER AREA SCHOOL DISTRICT
Application to Terminate Account

Submit 3 copies of this form to the Assistant Superintendent or Director of Elementary Education for submission to the Board.

Date: 6/9/26

Check appropriate box:
- [x] Student Activity Account (Fund 50)
- [ ] Trust Account (Fund 51)

School: Rustin

Name of Account: Class of 2026

Account Number: 50-000-223-015-223

Ending Account Balance: $ 4138.81

Disposition of remaining funds: to Athletics 9-3200-000-20-305-223-610

Justin
Student Officer's Signature

Justin King
Student Officer's Name Printed

Elizabeth McVeigh
Faculty Sponsor's Signature

Elizabeth McVeigh
Faculty Sponsor's Name Printed

Principal's Signature

Signature of Asst. Superintendent/ Dir. of El. Ed.

BOARD ACTION

This request was:
- [ ] APPROVED
- [ ] DISAPPROVED

by the West Chester Area School Board at their meeting held on: _____
meeting date

Reason(s) for disapproval or qualifications of approval, if applicable, were as follows:

Board Secretary's Signature

Date

1 copy to Assistant Superintendent/Director of Elementary Education, 1 copy to Business Office, 1 copy to Principal

Form C – Depletion of Senior Class Funds

WEST CHESTER AREA SCHOOL DISTRICT
Depletion of Senior Class Funds

Submit 3 copies to the Assistant Superintendent
with Application to Terminate Account for submission to the Board.

Date: 6/9/26

Building: Rustin

We, the Class of 2026 (year) choose option # [please check your choice below], and want the remaining funds in the class treasury depleted in the following manner upon graduation. This form will be used as the documentation on file at the building noting the class purchase.

☑ 1.* The remaining money will be used to purchase a class gift or to make a donation.

We, the Class of 26 (year) want the following to be purchased/donated:

items for new turf + Bocce Court

9-3200-000-20305-223610

OR

☐ 2. With the remaining money, the Principal and/or their committee will purchase a gift of their choosing or make an appropriate donation.

Class Officer's Signature

Justin King
Class Officer's Name Printed

Faculty Advisor's Signature

Elizabeth McVeigh
Faculty Advisor's Name Printed

Principal's Signature

Signature of Assistant Superintendent

*This method is preferred.

WEST CHESTER AREA
SCHOOL DISTRICT

REVISED: March 25, 2024

Application for Approval of Study, Excursion, PIAA Sanctioned Athletic, and Extracurricular Trips and Approval of Bus Transportation

Proposal ☑ New Trip Request ☐ Trip Revision Request ☐ Trip Cancellation Request

School: Henderson High School | Grades: 10th-12th | Subject/Club/Sport: Boys Golf

Teacher(s)/Coach(es) in Charge: Mike Orenshaw

Destination: Penn State Golf Course- 1523 W. College Ave. State College, PA 16801

Trip Day(s)/Date(s): Wednesday August 12- Thursday August 13 | Competition: ☒ Yes ☐ No | PIAA ☑ Yes

~ Overnight Trip: ☑ Yes ☐ No ☑ In State ☐ Out of State ☐ Out of Country | Name Tour Company:

Special Instructions (rain date, etc.):

How is it related to curriculum (Not for PIAA):

Objectives of the proposed trip (Not for PIAA):

Number of Pupils: 8 | Total Passengers: 9 | Per Pupil Cost: 0.00

Adult Chaperone to Student Ratio: 8 / 1 | % of Eligible Students Going: 100.00%

Names of Teacher/Staff Chaperones: Mike Orenshaw

~ Other Adult Chaperones:

Nurses required on this trip: ☐ Yes ☑ No (refer to 121AG6)

Estimated Cost

	# Staff	# Days	Cost/Day	Total Cost	%	Budget Code/Account/Project
Substitute(s) Needed:	0		202.13	0.00		
Agency Nurses Needed:	0		0.00	0.00		

Name of Staff Member Driving Students: Mike Orenshaw

Mileage/Tolls: (If applicable)	0.00	
Hotel/Food/Airfare: (If applicable)	0.00	
Registration/Entrance Fee: (If applicable)	560.00	
Other Costs:	0.00	

☐ Walking ☑ Parent Provided Transportation ☐ Public Transportation

☐ Bus ☐ Van/Car Rental ☐ Coach

	# Vehicles	# Days	Cost/Vehicle	Total Cost	%	Budget Code/Account/Project
Buses/Rentals/Coaches				0.00		

~ Rental Company/Carrier:

Students Leaving From: Henderson High School at 5 ☐ am ☑ pm

Students Returning To: Henderson High School at 7 ☐ am ☑ pm

~ Request Drop off/Pick up (only if using Krapf): ☐ Yes ☐ No Drop at: ____ at ____ ☐ am ☐ pm

Pick up at: ____ at ____ ☐ am ☐ pm

What are the planned activities to assist students who require financial assistance:

Additional Information (bus w/lift, star seat, ski boxes, special instructions)

Total Cost of Trip: $ 560.00 | Pupil Cost: $ - | Other Funded: $ - | Total Cost to the District: $ 560.00

Requested Travel Advance (Min. $300):

Requested By: Mike Orenshaw | Signature: Mike Orenshaw | Date: 07/01/2026

Approval		
Principal	Approved	Date: 7/13/26
Supervisor/ Athletic Director	Approved	Date: 7/6/26
Director of: ☐ Elementary ☒ Secondary ☐ Pupil Services	Approved	Date: 7/13/26
Transportation:		Date:
Schedule Dates:	Contractor:	
Krapf Costs:	Additional Costs:	

Spellman Office Only: Overnight Trip will appear on the _____ Board Consent Agenda.

Application for Approval of Study, Excursion, and
Extracurricular Trips and Approval of Bus Transportation – Page 2

Instructions:

1. The sponsoring teacher requesting the trip arranges the transportation by contacting the van/bus/coach company to determine cost and availability before submitting the trip application. Do not send this application to the outside transportation company.
2. All information must be completed on the form. Incomplete forms/forms with missing information will be returned. **All costs must be on the form prior to submitting for approval.** All expenses must be listed and include the budget code (activity account, building, or district budget code). If students or booster organizations are paying a tour company directly, include that information in the budget code line. If there are no costs, please write "0". Check appropriate box for **New Trip Request** or **Trip Revision Request**.
3. Indicate the destination of the trip to be visited and address. Include the trip date(s) and day(s) of the week. Each single day trip requires its own form. Multiple day trips cannot be combined on one form. If this trip is for a competition, check the appropriate box. Overnight trips must have prior Board approval. **Include any additional special instructions.** Explain how the trip supplements or enriches the classroom curriculum.
4. Include the number of students and total passengers on the trip. The teacher to student ratio is one (1) certified classroom teacher for every thirty (30) students, plus one (1) parent volunteer for every ten (10) elementary students; and one (1) parent volunteer for every fifteen (15) middle and high school students per Policy 121. For long trips or adult passengers, requirement should be based on two (2) passengers per seat. If unsure, check with your carrier.
5. Cost Section – Fill in all costs associated with this trip. **The sub rate is $202.13 per day.** The sub cost line is pre-calculated at $202.13 based on the number of subs required. Make sure you indicate if a full or half day sub is needed. **Budget accounts must be included.** Include transportation information and costs here.
6. Regardless of mode of transportation, fill in departure location and time the students are leaving from this location. Include specific pick up area (front door, café, etc.).
7. Fill in returning location and time the students will be returning to this location. Arrival time will be the time the bus will discharge passengers at the location. Complete regardless of mode of transportation.
8. Include the planned activities (fundraising) for financial assistance and any additional information.
9. If the trip is not approved, the form will be returned to the school principal with comments below.
10. After principal approval, forward the trip application to the appropriate director. Krapf Bus transportation requests will be sent to the Transportation Department. Krapf will indicate acceptance of assignment by scheduling date and signing form. Krapf bus cost and any additional transportation costs will be entered at the bottom of the form.
11. REVISIONS - Once the trip form has been submitted to the director, ANY changes that need to be made must be made on a copy of the original trip request form. Check the **Trip Revision Request** at the top of the form and indicate the changes. Approval process to the principal, then director, then to transportation (if Krapf).

Please Note:

- Make sure you distinguish between Krapf Bus and Krapf Coach. They are two different divisions.
- Cancellations – notify the building principal, who will notify District office. If Krapf is the carrier, contact the Transportation Office (x1041). Provide the Krapf ID number assigned for that trip.

Disapproval Comment:

_____

_____

REVISED: March 25, 2024

Application for Approval of Study, Excursion, PIAA Sanctioned Athletic, and Extracurricular Trips and Approval of Bus Transportation

Proposal **New Trip Request** **Trip Revision Request** **Trip Cancellation Request**

School: West Chester East | Grades: 9-12 | Subject/Club/Sport: Cheerleading Team

Teacher(s)/Coach(es) in Charge: Leslie Boccio

Destination: Pine Forest Cheer Camp

Trip Day(s)/Date(s): 8/18/26-8/21/26 | Competition: Yes NO | PIAA: Yes

Overnight Trip: Yes No | In State Out of State Out of Country | Name Tour Company:

Special Instructions (rain date, etc.): Itinerary Attached

How is it related to curriculum **(Not for PIAA)**: Team Bonding and skills

Objectives of the proposed trip **(Not for PIAA)**: To build strong skills and work with teammates

Number of Pupils: 24 | Total Passengers: 28 | Per Pupil Cost:

Adult Chaperone to Student Ratio: 1 / 6 | % of Eligible Students Going: 100.00%

Names of Teacher/Staff Chaperones: Leslie Boccio

Other Adult Chaperones: Nevaeh Lewis, Tanya Croumbley, Shyanne Kennedy

Nurses required on this trip: Yes No (refer to 121AG6)

Estimated Cost

	# Staff	# Days	Cost/Day	Total Cost	%	Budget Code/Account/Project
Substitute(s) Needed:	0			0.00		
Agency Nurses Needed:	0		0.00	0.00		

Name of Staff Member Driving Students:

Mileage/Tolls: (if applicable)

Hotel/Food/Airfare: (if applicable)

Registration/Entrance Fee: (if applicable)

Other Costs:

Walking Parent Provided Transportation Public Transportation

Van/Car Rental Coach

	# Vehicle:	# Days	Cost/Vehicle	Total Cost	%	Budget Code/Account/Project
Buses/Rentals/Coaches	1	2		0.00		

Rental Company/Carrier: Krapf Coach

Students Leaving From: EHS at 6:45 am pm

Students Returning To: EHS at 3:30 am pm

Request Drop off/Pick up (only if using Krapf): Yes No Drop at: Tennis Courts at am pm

Pick up at: Tennis Courts at am pm

What are the planned activities to assist students who require financial assistance:

- Boosters are financially supporting this trip

Additional Information (bus w/lift, star seat, ski boxes, special instructions)

none

Total Cost of Trip: $ - | Pupil Cost: $ - | Other Funded: $ - | Total Cost to the District: $ -

Requested Travel Advance (Min. $300):

Requested By: Tanya Croumbley | Signature: Tanya Croumbley | Date: 07/13/2026

Approval			
Principal	Approved Sarah Graham	Date:	07/13/2026
Supervisor/ Athletic Director	Approved Ryan Zehren	Date:	7/13/26
Director of: Elementary (Secondary) Pupil Services	Approved	Date:	7/21/26
Transportation:		Date:	
Schedule Dates:	Contractor:		
Krapf Costs:	Additional Costs:		
Spellman Office Only: Overnight Trip will appear on the		Board Consent Agenda.	

Application for Approval of Study, Excursion, and Extracurricular Trips and Approval of Bus Transportation – Page 2

Instructions:

1. The sponsoring teacher requesting the trip arranges the transportation by contacting the van/bus/coach company to determine cost and availability **before submitting the trip application**. Do not send this application to the outside transportation company.
2. All information must be completed on the form. Incomplete forms/forms with missing information will be returned. **All costs must be on the form prior to submitting for approval.** All expenses must be listed and include the budget code (activity account, building, or district budget code). If students or booster organizations are paying a tour company directly, include that information in the budget code line. If there are no costs, please write "0". Check appropriate box for **New Trip Request** or **Trip Revision Request**.
3. Indicate the destination of the trip to be visited and address. Include the trip date(s) and day(s) of the week. Each single day trip requires its own form. Multiple day trips cannot be combined on one form. If this trip is for a competition, check the appropriate box. Overnight trips must have prior Board approval. **Include any additional special instructions**. Explain how the trip supplements or enriches the classroom curriculum.
4. Include the number of students and total passengers on the trip. The teacher to student ratio is one (1) certified classroom teacher for every thirty (30) students, plus one (1) parent volunteer for every ten (10) elementary students, and one (1) parent volunteer for every fifteen (15) middle and high school students per Policy 121. For long trips or adult passengers, requirement should be based on two (2) passengers per seat. If unsure, check with your carrier.
5. Cost Section – **Fill in all costs associated with this trip**. **The sub rate is $202.13 per day.** The sub cost line is pre-calculated at $202.13 based on the number of subs required. Make sure you indicate if a full or half day sub is needed. **Budget accounts must be included.** Include transportation information and costs here.
6. Regardless of mode of transportation, fill in departure location and time the students are leaving from this location. Include specific pick up area (front door, café, etc.).
7. Fill in returning location and time the students will be returning to this location. Arrival time will be the time the bus will discharge passengers at the location. Complete regardless of mode of transportation.
8. Include the planned activities (fundraising) for financial assistance and any additional information.
9. If the trip is not approved, the form will be returned to the school principal with comments below.
10. After principal approval, forward the trip application to the appropriate director. Krapf Bus transportation requests will be sent to the Transportation Department. Krapf will indicate acceptance of assignment by scheduling date and signing form. Krapf bus cost and any additional transportation costs will be entered at the bottom of the form.
11. **REVISIONS** - Once the trip form has been submitted to the director, ANY changes that need to be made must be made on a copy of the **original trip request form**. Check the **Trip Revision Request** at the top of the form and indicate the changes. Approval process to the principal, then director, then to transportation (if Krapf).

Please Note:

~ Make sure you distinguish between Krapf Bus and Krapf Coach. They are two different divisions.

~ Cancellations – notify the building principal, who will notify District office. If Krapf is the carrier, contact the Transportation Office (x1041). Provide the Krapf ID number assigned for that trip.

Disapproval Comment:

WEST CHESTER AREA
SCHOOL DISTRICT

REVISED: March 25, 2024

Application for Approval of Study, Excursion, PIAA Sanctioned Athletic, and Extracurricular Trips and Approval of Bus Transportation

Proposal ☑ **New Trip Request** ☐ **Trip Revision Request** ☐ **Trip Cancellation Request**

School: Henderson High School | Grades: 9-12th | Subject/Club/Sport: Cheerleading

Teacher(s)/Coach(es) in Charge: Rachael McDonald and Sequoia Drake

Destination: Pineforest Cheerleading Camp- 185 Pine Forest Road Greeley, PA 18425

Trip Day(s)/Date(s): 8/23-8/26 | Competition ☐ Yes ☑ No | PIAA ☐ Yes

~ Overnight Trip: ☑ Yes ☐ No ☑ In State ☐ Out of State ☐ Out of Country | Name Tour Company:

Special Instructions (rain date, etc.):

How is it related to curriculum **(Not for PIAA)**:

Objectives of the proposed trip **(Not for PIAA)**:

Number of Pupils: 17 | Total Passengers: 19 | Per Pupil Cost: 433.00

Adult Chaperone to Student Ratio: 1 / 9 | % of Eligible Students Going: 100.00%

Names of Teacher/Staff Chaperones:

~ Other Adult Chaperones:

Nurses required on this trip: ☐ Yes ☑ No (refer to 121AG6)

Estimated Cost

	# Staff	# Days	Cost/Day	Total Cost	%	Budget Code/Account/Project
Substitute(s) Needed:			202.13	0.00		
Agency Nurses Needed:			0.00	0.00		

Name of Staff Member Driving Students:

Mileage/Tolls: (if applicable)

Hotel/Food/Airfare: (if applicable)

Registration/Entrance Fee: (if applicable)

Other Costs:

☐ Walking ☐ Parent Provided Transportation ☐ Public Transportation

☑ Bus ☐ Van/Car Rental ☐ Coach

	# Vehicles	# Days	Cost/Vehicle	Total Cost	%	Budget Code/Account/Project
Buses/Rentals/Coaches	1	2	576.62	1,153.24		

~ Rental Company/Carrier: Krapf School Bus

Students Leaving From: Henderson on 8/23 at 7:00 ☑ am ☐ pm

Students Returning To: Henderson on 8/26 at 4:00 ☐ am ☑ pm

~ Request Drop off/Pick up (only if using Krapf): ☐ Yes ☐ No Drop at: ____ at ____ ☐ am ☐ pm

Pick up at: ____ at ____ ☐ am ☐ pm

What are the planned activities to assist students who require financial assistance:

Boosters collected sponsorships from businesses to cver the cost for those that need assitance

Additional Information (bus w/lift, star seat, ski boxes, special instructions)

Total Cost of Trip: $ 7,361.00 | Pupil Cost: $ 433.00 | Other Funded: $ - | Total Cost to the District: $ 7,361.00

Requested Travel Advance (Min. $300):

Requested By: Rachael McDonald | Signature: Rachael McDonald | Date: 07/15/2026

Approval			
Principal		Approved	Date: 7/21/26
Supervisor/ Athletic Director		Approved	Date: 7/21/26
Director of: ☐ Elementary ☒ Secondary ☐ Pupil Services		Approved	Date: 7/30/26
Transportation:			Date:
Schedule Dates:		Contractor:	
Krapf Costs:		Additional Costs:	

Spellman Office Only: Overnight Trip will appear on the _____ Board Consent Agenda.

Application for Approval of Study, Excursion, and Extracurricular Trips and Approval of Bus Transportation – Page 2

Instructions:

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5. Cost Section – **Fill in all costs associated with this trip**. **The sub rate is $202.13 per day**. The sub cost line is pre-calculated at $202.13 based on the number of subs required. Make sure you indicate if a full or half day sub is needed. **Budget accounts must be included.** Include transportation information and costs here.
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Disapproval Comment:

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H. **NEXT MEETING DATE ANNOUNCEMENT**

H.1. The next Teaching, Learning & Equity Committee meeting is on September 22, 2026 at 6:30 pm.

I. **ADJOURNMENT**

I.1. Director Parkinson calls the meeting to a close