REQUEST FOR ORGANIZATION OF A SCHOOL CLUB

Date: ____________________________

To: ASB Council, ____________________________ School

From: ___________________________________________ (Student Filing Application)

_________________________________________________ Club (Proposed Name)

Check Appropriate Item and Complete Information:

__________ School Club

__________ School Club (Community Affiliated) – If checked, Complete Lines A-E

Community Affiliated: A group of students organized as a school club that receives support, financial assistance and/or encouragement from, but which is not under control or direct influence of a community organization.

A. Affiliate Community Organization: ________________________________

B. Contact Person: ____________________________________________

C. Address: ______________________________________________________

D. Telephone Number: ___________________________________________

Club Information:

1. Certificated Faculty Advisor: ______________________________________

2. Club President: _________________________________________________

3. Club Treasurer: _________________________________________________

4. Club Name: _____________________________________________________

5. Club Purpose: ___________________________________________________

6. Proposed Schedule of Meetings: ________________________________

7. Meeting Location: ______________________________________________

APPROVALS:

__________________________________________  __________________________
Principal                                     ASB Council

__________________________________________  __________________________
Date                                          Date

Revised 8/2016