

_____ School
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