

CLUB PROPOSAL

ACTIVITY/CLUB _____

DATE ACTIVITY WILL BEGIN _____

DAY(S) CLUB WILL MEET _____

TIME CLUB WILL MEET _____

FEES: WHAT ARE THEY? _____

WHAT DO THE FEES COVER? _____

***If fees/money is involved, please provide a budget of income & expenses with this form.**

ADULT IN CHARGE _____
(CLUB ADVISOR)

TITLE _____
(TEACHER,PARENT,ETC)

CONTACT INFORMATION:

PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

PURPOSE OF CLUB: _____

MEMBERSHIP OF THE CLUB:

WHO CAN BE INVOLVED? _____

WHAT REQUIREMENTS DO MEMBERS NEED TO HAVE?

Signature – Student Representative _____

Signature – Club Advisor _____

DATE SIGNED _____

FOR OFFICE USE:

Principal's Signature _____ Date _____

Approved Not Approved due to the following conflict _____

Charted on Activity Calendar
Teacher Informed
Custodian Informed

By _____