

Club Information Sheet (for clubs approved in the past)

Name of School _____

**Associated Students
Club Information Sheet**

(PLEASE PRINT)

Fiscal Year: _____

Name of Club: _____

Name of Club Advisor: _____

Names, elected position, and contact phone number of all ASB Club Officers:

Day and Time of Club Meetings: _____

Place of Club Meetings: _____

Please Attach:

A copy of the approved club constitution.

A copy of the approved club budget for the current school year.

Submitted by:

Student Club Representative: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Approved by:

Principal/School Administrator: _____
Signature, Title and Date

ASB Student Council President: _____
Signature, Title and Date

Recorded in ASB Student Council Minutes on: _____
Date