|  |  |
| --- | --- |
|  Name of Proposed Group: |  |
|  Certificated Advisor: |  |

Meeting Location: \_\_\_\_\_\_\_\_\_\_\_\_

Meeting Day(s): \_\_\_\_\_\_\_\_\_\_\_\_

Meeting Time(s): \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Describe the group’s main purpose: |
|  |
|  |
| Describe the types of planned group activities: |
|  |
|  |
| Indicate any special equipment to be used by the group: |
|  |
|  |
| What shall be the qualifications for membership in this group, if any: |
|  |
|  |
| Describe what educational objective the group will fulfill, or how it relates to school curriculum: |
|  |
|  |

**ASB Sponsored Club:** Submit application, constitution, budget, and roster.

**Student Activity:** Submit Only Application and roster.

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| --- | --- | --- | --- |
| *Student Group Rep:* |  | Date: |  |
| *Certificated Advisor:* |  | Date: |  |