

ALISO NIGUEL CLUBS/ ORGANIZATIONS

This form needs to be filled out and turned into Clubs Commissioner to receive approval from ASB and Assistant Activities Director, Mr. Darwazeh.

If your group is directly connected to the curriculum please circle: yes no

Name of Club/Organization: _____

President: _____

President E-mail: _____

President Phone Number: _____

Club/Organization Advisor: _____ Room Number _____

Club/Organization's Purpose:

Please Circle- New Club/Organization Already Active/Established

Membership Qualifications:

Members will consist of (Co-ed, Freshmen, Sophomores, Juniors, Seniors, etc.):

Advisor's Name, Signature, and Room Number:

As of (year) _____, our officers are:

President _____
3rd Period Class _____

Vice President _____
3rd Period Class _____

Secretary _____
3rd Period Class _____

Treasurer _____
3rd Period Class _____

Other _____
3rd Period Class _____

Meetings:

Day of Week: _____

How many times a month: _____

Time: _____

Location: _____

FOR ASB USE ONLY:

ASB APPROVAL ON _____, 20_____

ASB PRESIDENT SIGNATURE _____

ACTIVITIES DIRECTOR SIGNATURE _____

CONSTITUTION ON FILE _____, 20_____

PRINCIPAL SIGNATURE _____