

Today's Date _____

PHS APPLICATION TO ESTABLISH A NEW CLUB

NAME OF CLUB _____

PURPOSE _____

FACULTY ADVISOR(S) _____

INTERESTED STUDENTS - *Must have at least 5 members to be approved*

MEETINGS - *Include Day(s), Time, Location*

FUNDING - *if necessary* _____

STUDENT OFFICERS _____

CONTACT INFORMATION:

STUDENT NAME _____ PHONE # _____

E-MAIL _____

CLUB EMAIL *if you have one* _____

(YOU WILL BE NOTIFIED AS SOON AS YOUR CLUB IS APPROVED OR NOT)

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Approved ___ Not Approved ___ Principal's Signature _____