



Waterford High School ASB: CLUB APPLICATION

Please return this completed form to ASB room 512, when complete

Name of CLUB: _____

Description of proposed club activities and purpose of club:

Meeting

Frequency: _____

Time: _____

Place: _____

Student Organizers:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Faculty Advisor Name: _____

Faculty Advisor Signature: _____

ASB USE ONLY

APPROVED/DISAPPROVED ON: _____

ASB

Director _____ **Principal** _____