## FORMING AN IHS CLUB

Complete this form and return to the Activities Office. Please type or neatly print.

Name of Club:			
Club founder(s):	Phone:	Email:	
Advisor Name:	Room #:	Phone:	
Advisor Signature:			
Names of potential members ( must have 10 signatures)			
1	2	3	
4	5	6	
7	8	9	
10			
Why would you like to start this club?			
Objectives of the club? (What are its purposes?)			
Club President:			
Vice President:			
Treasurer:			

When and how often will this club hold meetings? (In	nclude: day(s), time and frequency of meetings)	
Where will these meetings be held?		
What will your typical club meeting consist of?		
List possible resources needed (money, equipment, ro-	om):	
How will these resources be attained? (List ASB requ	est of funds needed if no resources):	
Submitted by:	on (date)	
ASB Officer Approval:	on (date)	
Student Senate Approval:	on (date)	