

FORMING AN IHS INTEREST GROUP

Complete this form and return to the Activities Office (1422). Please type or print neatly.

Name of Interest group		
Group founder(s):	Phone:	Email:
Advisor Name:	Room #:	Phone:
Advisor Signature:		
Names of potential members (must have 5 signatures)		
1	2	3
4	5	
Why would you like to start this interest group?		
Objectives of the interest group? (What is the group's purpose?)		
Student Representative:		
When and how often will this club hold meetings? (Include day(s))		

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Where will these meetings be held?

What will your typical meeting consist of?

Submitted by: _____ Date: _____

Approved by ASB Exec Board: _____ Date: _____