

STUDENT CLUB FORMATION FORM Coopersville High School

Complete form and submit to CHS administration for approval. Written notice of approval or denial will be communicated to the student applicant and sponsor within 10 school days.

School Year:

Applying to be (circle one):

Curricular Club

Non Curricular Club

STUDENT NAME: _____

CLUB NAME:_____

STATEMENT OF CLUB'S PURPOSE, GOALS, AND ACTIVITIES:

CLUB CATEGORIZATION (circle all that may apply):

Agriculture
Gaming Art/Music/Performance
Religious
Athletic
Science
Business/Economic
Community Service/Social Justice
Other:

TENTATIVE SCHEDULE OF CLUB ACTIVITIES
Meeting Time:
Meeting Frequency:
Meeting Place:

PERSONAL COSTS ASSOCIATED WITH THE CLUB (if any):

CLUB	SPONSOR	OR SUP	ERVISOR
0200	01 0110011	000.	

Sponsor Name (Curricular Club Faculty Member): _____

Supervisor Name (Noncurricular Club Faculty Member):_____