GHS Club/Organization Form

Organization/Club Name: _____

Contact Person: _____

Contact Email: _____

Contact Phone Number: _____

Faculty/Staff Advisor: _____

Advisor Email: _____

Advisor Phone Number: _____

Purpose of Club/Organization (Brief Description): _____

_____

_____

Membership Criteria (If any): _____

Meeting Schedule (Day/Time/Location): _____

Proposed Activities/ Event: _____

Equipment/Resources Needed (If any): _____

Funding Requirements (If any): _____

Additional Comments/Notes: _____

_____

Signature of Contact Person: _____ **Date:** _____

Signature of Faculty/Staff Advisor: _____ **Date:** _____