



CLUB APPLICATION

Proposed Club Name: _____

Meeting:

Day or Cycle: _____

Time: _____

Location/Room #: _____

Frequency: _____

Mission Statement:

What are the goals of your club?

How will you ensure all students can participate in your club?

Is there a financial responsibility with your club? If so, how much?

How will you raise money so all students may participate in the club?

GPS District Norms apply to club meetings and activities. In addition to the Norms, are there any other specific rules associated with your club?

How will you establish communication with club members and advisors?

Club Founder _____ Date _____
PLEASE PRINT

Club Founder _____ Date _____
PLEASE PRINT

Faculty Advisor _____ Date _____
PLEASE PRINT

Once you have completed the application, please set up an appointment with the Director of Student Activities to discuss your club proposal.

For the Student Activities office only:

Meeting Date: _____

Club Approval: Yes _____ No _____

_____ Date:

Director of Student Activities

Notes:
