

FORMING A CLUB AT IMS

Directions: complete this form and give a copy to Ms. Gale or Ms. Weed.

Name of Club: _____

Club Founder(s): _____

Advisor: _____

Room #: _____

Names of potential members (must have 10):

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Why would you like to start this club?

Club President: _____

Vice President: _____

Treasurer: _____

How often will this club hold meetings?

Where will these meetings be held?

What will a typical club meeting look like?

List possible resources needed (money, equipment):

How will these resources be attained? (ASB request of funds needed if no resources)

Submitted by: _____

Date: _____

Student Senate Approval: _____

Date: _____