TEMESCAL CANYON HIGH SCHOOL

Associated Student Body

Club Charter & Information Form for SPECIAL INTEREST CLUBS

****NO FUNDRAISING IS ALLOWED****

Name of Club: _____ Date: _____

Describe the Clubs Main Purpose: _____

Contact Information:

President Name: _____ Cell Phone #: _____

President Email: _____

Secondary Officer Name & Position: _____

Secondary Officer Email: _____

Advisor Name: _____

Advisor Email: _____

Meeting Information:

Virtual Meeting Plan- platform you will use: _____

Meeting Location when back at school: _____

Day(s) of the Week: _____ Time: _____ Frequency :_____

Club President Signature: _____ **Date:** _____

Club Advisor Signature: _____ **Date:** _____

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FOR ASB USE ONLY:

ASB Advisor Approval: _____ **Date:** _____

Director of Clubs Approval: _____ **Date:** _____

Principal Approval: _____ **Date:** _____

Please turn in completed form to ASB Director- Cari Strange- cari.strange@leusd.k12.ca.us