AUPP HIGH SCHOOL
FOXCROFT
ACADEMY

AUPPHS-FA CLUB REGISTRATION FORM

MEMBERS

CLUB NAME: _____

CLUB LEADER NAME: _____ GRADE: _____

SCHOOL EMAIL: _____ PHONE NUMBER: _____

CLUB GOAL AND PURPOSE: _____

_____

_____

_____

FACULTY ADVISOR NAME: _____

EMAIL: _____ PHONE NUMBER: _____

MEETING TIME AND LOCATION

WHAT ARE THE DAYS AND TIMES YOU WOULD LIKE YOUR CLUB TO MEET?

DAY(S): _____

TIME: _____

DO YOU NEED A MEETING ROOM ON CAMPUS? _____

BUDGET

ESTIMATED BUDGET TO SUCCESSFULLY RUN YOUR CLUB AND CLUB ACTIVITIES FOR ONE ACADEMIC YEAR: _____

DESCRIBE THE ACTIVITIES AND DETAILS OF HOW YOU WILL USE THE REQUESTED BUDGET AMOUNT: _____

_____

_____

_____

Students in the club leader position must be in and maintain good academic standing to hold a position. A list of club members can be provided later after the club is formed. (Club members are required to sign a Club Participation Waiver with parents/guardians' signature of approval.)

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FOR THE ADMINISTRATION DEPARTMENT, USE ONLY

RECEIVED BY: _____ DATE: _____

APPROVED: _____ NOT APPROVED: _____

IF NOT APPROVED, LIST THE REASONS: _____

_____

_____

ACKNOWLEDGE BY MR. WILLIAM E. THOMAS (AUPPHS-FA PRINCIPAL)

SIGNATURE: _____

DATE: _____