**Associated Students**

**Club Information Sheet**

 **(PLEASE PRINT)**

Fiscal Year:

Name of Club:

Name of Club Advisor:

Names, elected position, and contact phone number of all ASB Club Officers:

Day and Time of Club Meetings:

Place of Club Meetings:

Please Attach:

 A copy of the approved club constitution.

 A copy of the approved club budget for the current school year.

Submitted by:

 Student Club Representative:

 Signature, Title and Date

 Club Advisor:

Signature, Title and Date

**Approved by:**

 Principal/School Administrator:

 Signature, Title and Date

ASB Student Council President:

 Signature, Title and Date

  Recorded in ASB Student Council Minutes on:

 Date