

CLUB REGISTRATION FORM

CLUB NAME: _____

Club Adviser & Room Number: _____

President: _____

Email: _____

Phone: _____

Vice President: _____

Email: _____

Phone: _____

Secretary: _____

Additional Officers & Positions: _____

Meeting Location: _____

Day: _____

Time (Lunch/Afterschool): _____

Frequency of Meetings: _____

Number of Members: _____

President's Signature: _____

Advisor's Signature: _____