

SAUGUS HIGH SCHOOL CLUB APPLICATION

SAUGUS HIGH SCHOOL A.S.B 21900 CENTURION WAY, SAUGUS, CALIF. 91350 661-297-3900 X2500

2020-2021 SCHOOL YEAR APPLICATION FOR ORGANIZATION/CLUB

PLEASE PRINT CLEARLY IN BLUE INK

DATE OF APPLICATION: _____ TIME STAMP _____

NAME OF ORGANIZATION/CLUB: _____

ADVISOR OF ORGANIZATION/CLUB: _____

STUDENT SUBMITTING APPLICATION: _____

STUDENT SUBMITTING APPLICATION ID #: _____

TYPE OF CLUB:

INTEREST _____ HONOR _____ SERVICE _____

STATE THE PURPOSE OF THE ORGANIZATION/CLUB: _____

HOW WILL THIS CLUB BENEFIT SAUGUS HIGH SCHOOL? _____

MEETING DAY: _____ TIME: _____ WHERE: _____

NOTE: TO BE CHARTERED FOR THE 2020-2021 SCHOOL YEAR THIS APPLICATION MUST BE SUBMITTED BY SEPTEMBER 30TH 2020 TO BE IN THE YEARBOOK FOR THIS YEAR. ANY ORGANIZATION/CLUB SUBMITTING AFTER THIS DATE WILL NOT BE PICTURED IN THE YEAR BOOK FOR 2021.

PRESIDENT OF ORGANIZATION/CLUB: _____ ID # _____

VICE PRESIDENT OF ORGANIZATION/CLUB: _____ ID # _____

SECRETARY OF ORGANIZATION/CLUB: _____ ID # _____

TREASURER OF ORGANIZATION/CLUB: _____ ID# _____

(PLEASE INCLUDE AND ATTACH TO BACK OF FORM)

CONSTITUTION: _____ PROPOSED PROJECTS: _____ MEMBERSHIP LISTS: _____

SIGNATURES OF APPROVED ORGANIZATION/CLUB:

A.S.B. EXECUTIVE BOARD MEMBER: _____ ID # _____

A.S.B. ADVISOR: _____ DATED: _____

ADMINISTRATOR: _____ DATED: _____

