



Ballard High School ASB Club Application



Name of Club: _____

Faculty Advisor: _____ Signature: _____

Description of Club: _____

What are the requirements of membership? _____

Where will you meet? _____

When will you meet? _____

Advisor Email: _____ Advisor Room #: _____

Student President/Leader: _____ Phone #: _____

Student President/Leader Email: _____

Examples of Club Activities:

We, the undersigned, are interested in being involved in this club? (minimum of 10 signatures required)

PRINT NAME

SIGNATURE

CLASS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

For ASB use only

Request Approved _____ Denied _____

ASB President Signature: _____ Date: _____



Returning Club Application



Name of Club: _____

Faculty Advisor: _____ Signature: _____

Where will you meet? _____

When will you meet? _____

Advisor Email: _____ Advisor Room #: _____

Student President/Leader: _____ Phone Number: _____

Student President/Leader Email: _____