



Ballard HS ASB
Returning Club Application Form

Name of Club: _____

Student President/Leader: _____ Phone Number: _____

Student Leader Email (*displayed as contact info on BHS website*): _____

Faculty Advisor: _____ Advisor Signature: _____

Advisor Email: _____ Advisor Room #: _____

Where will you meet? _____

When will you meet? _____

Description of Club (*this will go on the BHS website to advertise your club*):

For ASB use only:

Approved / Denied

ASB Club Liaison Signature: _____ Date: _____

ASB President Signature: _____ Date: _____