



**Club Meeting/Room Request**

Fall       Spring      Year: \_\_\_\_\_

**CLUB NAME:** \_\_\_\_\_

**MEETINGS**

First Priority Meeting Day/Time: \_\_\_\_\_

Second Priority Meeting Day/Time: \_\_\_\_\_

Third Priority Meeting Day/Time: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Do you need media equipment?     No       Yes

If yes, please describe: \_\_\_\_\_

**ADVISORS**

Club Advisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Club Advisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Club Advisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT EXECUTIVE OFFICERS**

Club President: \_\_\_\_\_ W#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Vice President: \_\_\_\_\_ W#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_ W#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_ W#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

ICC Representative: \_\_\_\_\_ W#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Club President Date

\_\_\_\_\_  
Club Advisor Date

**For Office Use Only**

Received:  Advisor Contract  Officer Contract  Club Charter