



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: _____ Roster _____ Advisor Contract _____ Officer Contract _____ Club Charter _____