

Date of Application:	Proposed Nar	Proposed Name of the Club:			
Proposed Advisor:	Student Submitting Application:				
Type of Club: Curriculum	Social	Service			
State the purpose of the club:					
Explain how the club will bene	efit CHS and/or the	e CHS commu	ınity:		
Is this club affiliated with a na					
If yes, please write the name of	of the organization	n:			
By signing and submitting this Club Guidelines. You are also your club.	• • •	_		_	
Signature of Submitting Stude	nt:		Date:		
Signature of Proposed Advisor	r:		Date:		
You mi	ust submit the CHS	Club Petition	n Form with this document.		
***************************************	SBMT/ Administ	ration Use O	nly Below this Line	v	
After review, this Club Applica	tion has been: Ap	proved	Denied		
Signature:			Date:		