

DSHS
ASB Continuing Club Application

Club Name: _____ Date: _____

Advisor Information:

Name: _____ Email: _____

Signature and Date: _____

** By signing this application, you have agreed to the ASB Club Advisor requirements and are willing to advise for next academic year. **

Current Club Contact:

Name: _____ Email: _____

Signature and Date: _____ Phone: _____

**By signing this applications, you have read and understood the requirements for maintaining good standing as an ASB club, will follow ASB procedure, and will comply by the announcement and flier guidelines. **

****Next Year's Club Contact:**

Name: _____ Email: _____

Signature and Date: _____ Phone: _____

**This can be next year's officers, if you have determined them already. Otherwise, assign someone who will be involved next year; this will be the person we communicate our information to. **

ASB Use Below

Application Review:

- | | | | | | |
|---|---|---|---|---|---|
| • Has the club met twice a month? | 1 | 2 | 3 | 4 | 5 |
| • Has the club submitted appropriate minutes? | 1 | 2 | 3 | 4 | 5 |
| • Has the club been active: Part in club fairs, homecoming. | 1 | 2 | 3 | 4 | 5 |
| • Does the club go to the required meetings? | 1 | 2 | 3 | 4 | 5 |
| • Has the club Advisor been present at their meetings? | | 1 | 2 | 3 | 4 |

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Approved By:

ASB Clubs Commissioner: _____ Date: _____

ASB Executive Board: _____ Date: _____

Activities Director: _____ Date: _____

School Finance Office: _____ Date: _____

