HOOVER HIGH SCHOOL

CLUBS AND ORGANIZATIONS UPDATE FORM

2016-2017

NAME OF CLUB/ORGANIZATION: _____

ADVISOR:_____ PHONE: _____

E-MAIL:_____

MEETINGS ARE: MON TUES WED THURS FRI

ROOM #_____ TIME(S):_____

Club President:: _____ SIGNATURE: _____

Club Vice President: _____SIGNATURE: _____

Club Secretary: _____SIGNATURE: _____

Club Treasurer: _____SIGNATURE: _____

Club Advisor: _____SIGNATURE: _____

ASB OFFICE USE ONLY

PRESIDENT: _____SIGNATURE: _____

VICE PRESIDENT: _____SIGNATURE: _____

SECRETARY: _____SIGNATURE: _____

TREASURER: _____SIGNATURE: _____

CLUB COMMISSIONER_____SIGNATURE: _____

ASB ADVISOR: _____SIGNATURE: _____

ADMINSTRATOR: _____SIGNATURE: _____

BY LAWS/CONSTITUTION ON FILE: Y / N INITIALS _____

FOR MORE INFORMATION CONTACT: MS. BRIANA | ASB ADVISOR

EXT: 2551 ROOM 551