2023-2024 WHS Club & Organization Information Form

This information form must be completed annually

Official Name of Club/Organization: __________________________________________________________

Sponsor Name: ____________________________________________________________

Purpose: __________________________________________________________________________

________________________________________________________________________________

Description of Activities: __________________________________________________________________

________________________________________________________________________________

Membership Requirements: __________________________________________________________________

________________________________________________________________________________

If there is any activity fee or expense associated with membership, please provide details:

________________________________________________________________________________

If you will participate in any contests or competitions, please provide general information:

________________________________________________________________________________

________________________________________________________________________________

Do you require students to complete service hours? ______

Meeting Days and Time: __________________________________________________________________

Meeting Location: _______________________________________________________________________

Profile of Members (Required by the State):

Total #____ Male____ Female____

Caucasian ____ African American ___ Hispanic ___ Asian American ___ Other ____

I have received a copy of Sponsor Information and Responsibilities and agree to abide by the rules set forth.

Sponsor Signature ____________________________ Date __________

Please submit this form to the receptionist in the main office.

Club and Organization records must be up to date and maintained in the main office.

OFFICE USE  ☐ New Club  ☐ Updated Information

New Club Approved by: ____________________________ Date: __________