



**Central Bucks High School West
Club Activity Request Form**

Name of proposed Club/Activity: _____

(Please make sure the school's present clubs do not already cover your interest area.)

Brief description of the goals/objectives of the Club/Activity: _____

Frequency of meetings: _____

Meeting times: _____ Proposed Meeting place: _____

Sponsor's Name: _____ Sponsor's Signature: _____

(Must be a faculty or staff member who has agreed to sponsor and coordinate the activity.)

Membership eligibility: _____

Long term goals of the Club/Activity: _____

Short term goals of the Club/Activity: _____

Plans to raise funds (if applicable): _____

How will the Club/Activity benefit the students and/or the community of CB West? _____

Name(s) of student starting Club/Activity: _____

List of interested students (10 minimum):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please submit form to Mr. Pustay, House Principal.

Approved by: _____ Date: _____