



Central Bucks High School South
1100 Folly Road · Warrington, PA 18976
Phone: (267) 893-3000 · Fax: (267) 893-5824



Central Bucks South – New Club & Activity Request Form

Name of proposed club/activity: _____

Please make sure there are no existing clubs/activities that align with your proposed club/activity

Brief description and purpose of club/activity: _____

Long-term/Short-term Goals of club/activity: _____

Plans to raise funds (if applicable): _____

How will this club/activity benefit the students and/or community of CB South? _____

Name of student starting club/activity: _____

List of students interested in participating in club/activity (minimum of 10 students). If more than 10 students, please add names on Page 2:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

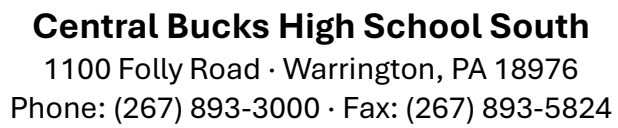
Faculty Advisor Name: _____ Faculty Advisor Signature: _____

This must be a faculty/staff member who has agreed to be the advisor of this club/activity

Meeting Times/Days: _____ Meeting Location: _____

Frequency of Meetings: _____ Membership Eligibility: _____

Submit this form to Mr. Scholl, House Principal
Any questions, e-mail bscholl@cbsd.org or stop by House Office

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