



Central Bucks High School South Club/Activity Request Form

Name of proposed club/activity: _____

(Make sure the school's existing club list does not already cover your area of interest)

Brief Description of the

Club/Activity: _____

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Frequency of Meetings: _____

Meeting Times/Days: _____

Meeting Location: _____

Faculty Sponsor's Name: _____

Faculty Sponsor's Signature: _____

Membership Eligibility: _____

Long-Term Goals of the Club/Activity: _____

Short-Term Goals of the Club/Activity: _____

Plans to Raise Funds (If Applicable): _____

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

Name of Student starting the Club/Activity: _____

List of students interested in the club/activity: _____

***Please Submit Form to House Principal**