

St. Helena High School

Club Charter



Name of Club: _____

Faculty Advisor: _____

Student Founder : _____

Club Officers or Representatives: _____

Club Purpose / Mission: _____

Club Meeting Days / Times / Location for the Year: _____

Proposed Club Activities / Field Trips / Event Dates for the Year:

Club Members List

Name of Club: _____

Name:

Grades:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

***Note:** Making a club comes with responsibilities. By filling out this form you agree to have your club secretaries take minutes at all club meetings.

Approval:

Club Commissioner: _____

Date: _____

Activities Director: _____

Date: _____

ASB President: _____

Date: _____