

**2022-2023
Conestoga High School
New Activity Request Form**

Name of proposed activity: _____

Brief description of the goals/objectives of the activity: _____

Frequency of meetings: _____

Meeting times: _____ Meeting place: _____

Sponsor's name: _____ Sponsor's Signature: _____
(Must be a faculty member who has agreed to sponsor and coordinate the activity.)

Membership eligibility: _____

Affiliation name (if any): _____

Address: _____

Phone Number: _____

Long term goals of the club: _____

Short term goals of the club: _____

Plans to raise funds: _____

How will the club benefit the students and/or the community of Conestoga? _____

Name(s) of student starting club: _____

List of interested students (10 minimum):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please submit form to Ms. Chandra Singh, Assistant Principal in room 130 or stogaactivities@tesd.net.

Approved by: _____ Date: _____

*** See message on the back side of the form before handing in this new club request form!**

To create more unity among clubs, please share your goal with two current clubs/advisors to find overlaps before requesting a new club. Have the advisor sign off after you have spoken with them. Please allow 14 business days for request to be reviewed. If the club, you are requesting to start is similar to a club that already exist the request will be denied.

1. _____ Club Name _____ Club Advisor Signature

2. _____ Club Name _____ Club Advisor Signature