

NICOLET HIGH SCHOOL CLUB/ORGANIZATION CONFIRMATION FORM

2016-2017 SCHOOL YEAR

DEAR CLUB/ORGANIZATION ADVISOR:

Please take a few minutes to complete this form as a confirmation your club/organization is/will be active during the 2016-2017 school year. Please return it to Mr. Krychowiak in the Athletic/Recreation Office as soon as possible.

Name of Club/organization: _____

Name of Advisor and Signature: _____

Purpose of Organization: _____

Names of Officers: President _____

 Vice-President _____

 Secretary _____

 Treasurer _____

Our organization meets: _____ Weekly _____ Bi-monthly _____ Monthly _____ (other-specify)

Location/time of meetings: _____

If there is a membership fee or dues, please indicate the amount paid per student: \$ _____

CLUB/ORGANIZATION ROSTER

Please provide a list of student participants for the 2016-2017 school year. This roster may be updated during the course of the school year to reflect membership variations.

Name/ID Number (Please print)

Name/ID Number (Please print)

(OVER)

