NICOLET HIGH SCHOOL CLUB CONFIRMATION FORM

DEAR CLUB ADVISOR:

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

Name of Club:					
Name of Advisor and	Signature:	_			
Purpose of Organizati	ion:				
Names of Officers:	President				
	Vice-President				
	Secretary				
	Treasurer				
Our club meets:	Weekly	_Bi-monthly	Monthly	(other-specif	y)
Location/time of mee	tings:				
If there is a members	hip fee or dues, ple	ease indicate	the amount paid	per student: \$	

Club Criteria and Important Notes:

- All Clubs must have an advisor who is a Nicolet Staff member.
- All Clubs must be open to all NHS students.
- All Clubs must be approved by the Athletic Director.
- All Clubs must have this form/roster on file in Athletic Office before any meetings or activities can take place.
- All promotional flyers need to be approved by the Principal/Athletic Director in advance of being posted.
- Advisors are responsible for requesting rooms/locations through the Recreation Department.
- Advisors are responsible for requesting set-up through School Dude system for meetings or club activities.
- All fundraising requests must be approved in advance by Superintendent/Athletic Director.
- All club activities must take place during non-instructional time (before or after school, and/or during lunch (this includes no meetings during resource period).
- An advisor must be present during all club activities.
- Accurate and up to date rosters must be communicated to the Athletic Secretary (entered into Skyward).

CLUB ROSTER

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

Name (Printed)	ID Number
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