

# Club Registration

Quarter: \_\_\_\_ Year: 20 \_\_\_\_

Name of Club or Organization \_\_\_\_\_

Name of Advisor \_\_\_\_\_

Phone of Advisor \_\_\_\_\_

Meeting Day(s) \_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

President's Name \_\_\_\_\_

Local Address \_\_\_\_\_

Telephone \_\_\_\_\_

## OFFICERS:

Name, Local Address, and Telephone Number

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Public Relations \_\_\_\_\_

Other \_\_\_\_\_

RETURN TO Giles Lee, in the Hocking College Student Center, Room 202.