

Octorara Area School District
Request for Establishment of Activity Club Form

1. NAME (PROPOSED) OF ORGANIZATION: _____

2. PURPOSE OR OBJECTIVE: Describe why this organization is being formed. _____

3. BENEFIT: How will the students/district will benefit from the establishment of this organization?

4. ELIGIBILITY OF STUDENTS: Are students required to meet certain eligibility requirements before participating in this organization? If so, please indicate those requirements. _____

5. LEADERSHIP:
Who will be the club advisor _____
How will this activity be organized, how it will be run, are the officers elected or appointed, etc.

6. FUND RAISING:
a. Will this organization raise funds? YES _____ NO _____
b. If yes, briefly describe typical fund-raising activities. _____

7. USE OF FUNDS: Describe how funds raised will be used to benefit the students or the district. _____

8. FINANCIAL DEPENDENCE: Will this organization require any financial assistance from the General Fund?
Yes _____ No _____ If yes, briefly describe the assistance needed and the whether it is a continuing year-
to-year need: _____

FINANCIAL RESPONSIBILILTIES: Identify who will be responsible for any funds and how the decisions to raise
funds/spend funds will be made and documented. _____

Date Submitted _____ Submitted by: _____

Please Print: _____

Principal Approval: _____ Superintendent Approval: _____