

**De La Salle Club Application
(PRINT CLEARLY)**

Date: _____

Name of Club _____

Name of Student Submitting Club Application _____ Grade _____

DLS Faculty/Staff Moderator _____

Description, Purpose and Goals: _____

Meeting Day(s) of the Week (M TU W TH F SA SU): _____ Meeting Time(s): _____

Frequency: _____

Location: _____

Expected Membership (who would be interested in this club):

Co-Ed? ___ Yes ___ No

Do you plan on having events or produce something, if so describe: _____

Is there a cost to the student? ___ Yes ___ No. If yes, how much: _____

Budget For Club (Specify Expected Expenses):

Any equipment needs? _____

Moderator Signature _____

Approved _____ Not Approved _____

Student Activities Director Signature _____

Mr. Dyer
VP for Student Life

Please turn your completed application to
Nadine Ghammache
Student Life/Campus Ministry

Turn Over

Questions To Consider with Moderator:

- Why Would This Club be good for De La Salle High School?
- Expected Club Officers
- How many students have already expressed interest?