STUDENT GOVERNMENT
ASCOCC

Club Establishment Form

Organization Name:_____

Organization Mission Statement:

_____

_____

_____

Club Advisor:

Name:_____**Email:**_____

Secondary Advisor (not required):

Name:_____**Email:**_____

Primary Student Contact:

Name:_____**Email:**_____

Secondary Student Contact (not required):

Name:_____**Email:**_____

Verification of Student Interest

Student Name: _____**Email:** _____

Student Name: _____**Email:** _____

Student Name: _____**Email:** _____

Student Name: _____**Email:** _____