

New Club Interest Application

Please type or clearly print all information.

Organization Name: _____

Student Contact Person: _____

Phone Number: _____

WDT Email: _____

Advisor: _____

Phone Number: _____

WDT Email: _____

Interested Students - Five signatures are required

Name (Printed):

Signature:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Return this application to Club Facilitator for advertising and informal meeting allowances.

Club Facilitator: _____ Date: _____