



## H.J. Cambie Secondary Club Overview & Approval

Staff Sponsor: \_\_\_\_\_

Club Name: \_\_\_\_\_

Approximate # of members and Grade level(s): \_\_\_\_\_

Club President(s) (if determined): \_\_\_\_\_

Meeting location/room: \_\_\_\_\_

Meeting Date (if determined): \_\_\_\_\_

Mission/Purpose of Club:

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Proposed Activities/Fundraisers/Events:

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Additional Information (if any):

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**Signature of Staff Sponsor:** \_\_\_\_\_

- Please see the administration with any questions or concerns.

Admin Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_