

Rancho Bernardo High School

Associated Student Body

Reactivation

(NAME OF ORGANIZATION)

Purpose of Club: _____

Description of Club: _____

Officers:	(NAME)	(POSITION)	(CONTACT INFORMATION)
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Faculty Advisor (PLEASE INCLUDE ROOM NUMBER): _____

(Faculty Advisor's Signature) (Date)

Associated Student Body use only:

Limited Open Forum: _____

School sponsored: _____

Approved/Disapproved on: _____

Reason for Disapproval: _____

(Vice-President of Communications' Signature) (Date)

(ASB Advisor's Signature) (Date)

(Administrator's Signature) (Date)