NEW CLUB CHARTER/CONTRACT FOR: FALL THROUGH SPRING

Club Name:_________________________________________________________________

Club President: _________________________________ Email: _______________________
              Phone:_______________________

Purpose of Club:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Anticipated club activities for this semester: ________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

We know that we are responsible for ensuring that our club knows and adheres to ICC policies and procedures, and relevant District policies as stated in the Ohlone Catalog, Schedule of Classes, and ICC Handbook. (Note: Club Handbook will be handed out in the Fall.)

Please print: NAME, STUDENT ID#, TELEPHONE #, EMAIL, and then add your SIGNATURE*
1. _________________________________________________________________________
2. _________________________________________________________________________
3. _________________________________________________________________________
4. _________________________________________________________________________
5. _________________________________________________________________________

*Signature indicates agreement to allow phone number and email to be given to Ohlone Faculty, Staff, students, and off-campus persons/groups (including press and media personnel) seeking Club information.

Club Advisor: ___________________________________ Room No.: ___________________

Signature, Advisor: _______________________________ Phone: ______________________

I certify that ICC has recognized this new Student Club and has granted them recognition on said date.

_________________________________________                             ___________________________________
Approved, Director of Campus Activities           Date: