



## New Club Request

<b>Proposed Club Name</b>		
<b>Club's General Purpose:</b>	NOTE: The College does not approve sports clubs through Student Activities.	
<b>Proposed Advisor's Signature</b> (must be full-time faculty or full-time non-teaching professional)		Phone Ext. _____ Office # _____
A minimum of 10 John A. Logan College student signatures are required: Please print or type.		
<b>STUDENT NAME</b>	<b>STUDENT SIGNATURE</b>	<b>STUDENT ID</b>
Please return this completed form to the Office of Student Activities & Cultural Events ( <b>B29</b> ).		

**APPROVED:**

- |  |      |
|--|------|
| 1.   | Date |
| Director of Student Activities & Cultural Events |      |
| 2.   | Date |
| Dean of Student Services                         |      |
| 3.   | Date |
| Vice President for Administration                |      |