

New Paltz Central School District
NEW Extra-Curricular Activity/Club PROPOSAL
for the _____ School Year

| | |
|---|---|
| Extra-Curricular Activity/Club Name | |
| Advisor(s) | |
| Purpose of Club <i>(Use back of sheet if necessary)</i> | |
| Target Population (who are, or anticipate will be participating in activity i.e., interested 9 th grade students) | |
| Number of Participants anticipated to join the club | |
| Executive Committee Will the club have an Executive Committee (President, Vice President, Treasurer, Secretary, etc.) | <input type="checkbox"/> NO , the club will not have an Executive Committee <input type="checkbox"/> YES , the club will have an Executive Committee. If yes, what offices will the club have and how will students be selected to fill the positions? |
| Framework for Meetings (When, where, and how often meetings are held and whether or how these meetings are structured, i.e., the Drama Club's structure would be rehearsal and production, while Student Council would be more formal with minutes approved by the club, etc.) | |
| Club/Activity Goals <i>(Use back of sheet if necessary)</i> | |
| Activities <i>(Use back of sheet if necessary)</i> | |
| Cost of Activities <i>(Note those activities/products not covered by fundraising and how they will be paid.)</i> | |
| Fund Raising Activities that you plan to do during the present school year, if any <i>(Use back of sheet if necessary)</i> | |
| Additional Information you may wish to add – <i>(Use additional sheets if necessary)</i> | Please attach a separate sheet containing the additional information you wish to add to this form. |
| Are you interested in "advising" this club next year if it is successfully implemented this school year? | |

Club/Activity

Purpose of Club

Club/Activity Goals

Activities

Fund Raising Activities

I am recommending the creation of this New Extracurricular Activity/Club as written: (check one)
I am recommending the creation of this New Extracurricular Activity/Club with noted changes:

Principal's Signature

Date

Recommended by Superintendent to BOE: Yes No

Superintendent's Signature

If Recommended by Superintendent, date approved by BOE: _____