



## Club Re-Instatement Form

WEST WINDSOR-PLAINSBORO HIGH SCHOOL NORTH

*Submit with proper documentation no later than May 1st, 2020  
to Mrs. Cincotta, Mr. Tabernero, and Mr. Gore*

NAME OF CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF Student/Teacher/Advisor: \_\_\_\_\_

STUDENTS on. AVERAGE who PARTICIPATE: \_\_\_\_\_

CLUB MEETS:      Weekly      Every Other Week  
(Circle)  
                         Tue              Wed              Thurs

ROOM #: \_\_\_\_\_ APPROXIMATE # HOURS CLUB MEETS MONTHLY: \_\_\_\_\_

Student Leader (circle)      Yes              No

NAME OF Student/Teacher/Advisor \_\_\_\_\_

Student Contact for Next Year: Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE – FOR REINSTATEMENT COMMITTEE ONLY**

#### **Checklist for reinstatement**

- |  |                         |    |    |
|--|-------------------------|----|----|
| 1. Supervisor Confirmed/Signed Roster(s)             | Yes                     | No | NA |
| 2. Rosters w/ Summaries/Minutes of monthly meetings: |                         |    |    |
| Sept. Yes    No    NA                                | Feb.    Yes    No    NA |    |    |
| Oct.    Yes    No    NA                              | Mar.    Yes    No    NA |    |    |
| Nov.    Yes    No    NA                              | Apr.    Yes    No    NA |    |    |
| Dec.    Yes    No    NA                              | May    Yes    No    NA  |    |    |
| Jan.    Yes    No    NA                              | Jun.    Yes    No    NA |    |    |
| 3. Account Tally Sheet (Fundraiser reports)          | Yes                     | No | NA |

**Please be aware that failure to provide necessary documentation of club activities could result in loss of club status for the upcoming school year and/or elimination of club**