Lewiston High School

New Club Application

Club Name: _____ Date: _____

Club Purpose:_____

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We the undersigned students do understand and support the purpose of the proposed _____ club. Our signatures indicate that if the club is approved by the Lewiston High School Student Council, we will be active members.

Name	Grade	Name	Grade

Advisor Name: _____ Position at LHS: _____

Advisor Signature: _____ Date: _____

Administrator Signature: _____ Date: _____