

Level 2 – Club Registration Form

Department of Student Life – Campus Activities & Advocacy Board

This form should be completed by:

- All **NEW** clubs looking to be recognized and approved by the Campus Activities & Advocacy Board (CAAB)
- Any **RETURNING** club in Fall quarter as part of the annual re-sanctioning process

Registering a Club or Community at Clover Park Technical College is as easy as:

1. Enter your club and club leader information in this registration packet
2. Attend a one (1) hour Club Orientation Training
3. Advisor attending a one (1) hour Advisor Orientation Training
4. Developing Club By-Laws
5. Getting your club approved at the next CAAB meeting to make it official!

Club Contact Information	
Name of Club	
Full Name	
Preferred Name	
Email Address	
Full Name of Advisor	
Advisor Email Address	

Club Member Roster

A minimum of **five (5)** members and **three (3)** officers are needed to start a Level 2 Club (including you, the student filling out the form)! If you have more than **five (5)** members, please attach the remaining names to this packet.

Full Name	Preferred Name	Email Address	Club Officer Position

Club Meeting Information	
Day of the Week	
Time	
Location (Building and Room Number)	
Frequency of Meeting	

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Please describe the purpose and intended activities of your organization (100-word limit).

Please list activities or events which you plan to host/present during upcoming quarter/year.

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REQUIRED DOCUMENTS AND ORIENTATION

[] Registration Packet [] Organization By-Laws
[] Club Orientation Training [] Club Advisor Orientation

**Contact the Department of Student Life in the Student Leadership & Service Center, Building 23 - Room 115 to schedule a date/time for Advisor and Officer orientations (if applicable).*

CERTIFICATION

Please email the completed Club Registration packet to Kaelynn.Starr@cptc.edu. If returning in-person, please return to the Student Leadership & Service Center in Building 23 – Room 115.

By submitting this packet electronically to Kaelynn.Starr@cptc.edu, I certify that the information provided in this packet is true, correct, and complete to the best of my knowledge. I understand that consideration of this Club Registration Packet depends on the true and accurate representation of facts as stated or implied in this packet.

Please sign your name below. By signing and submitting this form, you are agreeing to the terms and conditions stated above.

Print Name: _____

Date: _____

- - - - - FOR DEPARTMENT OF STUDENT LIFE USE ONLY - - - - -

Orientation Training?	Yes [] No []	Confirmed by:	Date:
Registration Form Complete?	Yes [] No []	Confirmed by:	Date:
Approval at CAAB Meeting	Yes [] No []	Confirmed by:	Date:

Submit this packet to *The Department of Student Life*
Student Leadership & Service Center, Building 23 – Room 115
Kaelynn.Starr@cptc.edu or Call 253.589.5603

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