2018-2019 Student/Special Activity Officer Signature Form

OFFICERS OF: ________________________________

(Name of Activity)

PURPOSE/FUNCTION OF STUDENT ACTIVITY: ____________________________________________

________________________________________

ELECTION OF OFFICERS

The following officers have been elected by the student members of this organization on ________ for the ________ for the 2018-2019 school year.

President:
(Print) ____________________________
(Signature) ____________________________

Vice President:
(Print) ____________________________
(Signature) ____________________________

Secretary:
(Print) ____________________________
(Signature) ____________________________

Treasurer:
(Print) ____________________________
(Signature) ____________________________

Faculty Advisor:
(Print) ____________________________
(Signature) ____________________________

(Date) ________________

Faculty Advisor:
(Print) ____________________________
(Signature) ____________________________

(Date) ________________

BUSINESS OFFICE USE ONLY

ACCOUNT #: 81-\-\-\-\-\-\-

DATE: ________________

The Quakertown Community School District does not discriminate on the basis of race, color, age, creed, religion, sex, sexual orientation, ancestry, national origin, marital status, genetic information, pregnancy or the presence of non-job-related medical conditions or disability.