

Cañada Club and Organization Mid-Year Update Form –TURN IN BY MARCH 15

Name of Club or Organization: _____ **Date:** _____

Spring Club Meetings _____

Day _____ Time _____

Place _____

Core 4/Club or Organization Officers for Spring Semester

(Please print)

Core 1/President _____ # of Units _____

Phone _____ E-mail: _____

Core 2/Treasurer _____ # of Units _____

Phone _____ E-mail _____

Core 3/ASCC Liaison _____ # of Units _____

Phone _____ E-mail: _____

Core 4/Secretary _____ # of Units _____

Phone _____ E-mail: _____

Other Position: _____ # of Units _____

Phone _____ E-mail: _____

Other Position: _____ # of Units _____

Phone _____ E-mail: _____

Other Position: _____ # of Units _____

Phone _____ E-mail: _____

Advisor (1) Name _____

Advisor (1) Signature _____ Date: _____

Advisor (2) Name _____

Advisor (2) Signature _____ Date: _____

Agreement of Responsibility for Financial Accounts and Facilities Use

DATE _____

(Name of Club) _____

Source of Club Income: (example: fundraising, donations, membership dues, etc.) _____

What will the club income be used for: _____

We, the undersigned, do hereby understand that Cañada College approved clubs are only allowed to have Club Trust / Savings accounts through the college. We understand that when we raise money on or off-campus, that we must deposit our money into our Cañada College Trust Account. We also understand that when processing ASCC or facilities' paperwork, the forms must be turned into the Center for Student Life and Leadership Development at least 14 days in advance.

We also read, signed and have a copy of the Cañada College Club Handbook.

We further understand that we will be held fully and personally responsible for any costs or damages incurred by the organization, in any of the club's activities, authorized by our signatures.

PRINT NAME: _____ SIGNATURE _____ Date _____

(Club President)

Phone _____

PRINT NAME: _____ SIGNATURE _____ Date _____

(Club Treasurer)

Phone _____

(Additional names may be written on the back of this form if more than two people are designated by consent of the organization).

FACULTY and STAFF ADVISORS:

I acknowledge my intention to serve as advisor for the above stated club or organization. I have reviewed the meeting times of the club and am able to attend. I promise to do my best in advising the students of this organization in following the Cañada College Business and Facilities policies. I also have read, signed and have a copy of the Cañada College Club Handbook.

ADVISOR 1 _____ SIGNATURE: _____ Date: _____

PHONE: _____ E-MAIL: _____

ADVISOR 2 _____ SIGNATURE: _____ Date: _____

PHONE: _____ E-MAIL: _____

This club or organization is _____ **approved** _____ **not approved** as a charter club and may request or withdraw funds from a Cañada Club Trust Account and use Cañada College Facilities.

Coordinator of Student Activities: _____ Date: _____

Vice President of Student Services: _____ Date: _____