

## **CLUB INFORMATION**

(Please complete in full before taking enrollment packets)

Club Name: \_\_\_\_\_

Club Location: \_\_\_\_\_

Number of Years Club has been in existence: \_\_\_\_\_

Advisors Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Primary Contact Person's Phone Number: \_\_\_\_\_

Email (**REQUIRED**): \_\_\_\_\_

Primary Projects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do You Accept New Members? \_\_\_\_\_

Do You Accept Cloverbuds? \_\_\_\_\_

Contact Information for New Members: \_\_\_\_\_

\_\_\_\_\_