



Intent To Be Active Form

(For use only by clubs/organizations with formal recognition previously received)

YEAR: _____

NAME OF CLUB/ORGANIZATION: _____

CONTACT PERSON OVER SUMMER (Student): _____

CONTACT PERSON EMAIL: _____

CONTACT PERSON PHONE #: _____

RETURNING MEMBERS & LEADERSHIP TITLES (IF KNOWN):

**attach additional pages if necessary*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CLUB/ORG TENTATIVE FALL SCHEDULE:

DAY OF WEEK: _____

TIME: _____ to _____

LOCATION: _____

FREQUENCY OF MEETINGS: _____

ADVISOR (NHCC Faculty/Staff Member): _____

ADVISOR SIGNATURE: _____ DATE: _____

Please return this completed form to the Associate Director of Student Life (Campus Center).