

**Associated Student Body**

**School**

**Athletics Charter**

I, \_\_\_\_\_, request that \_\_\_\_\_  
(Athletic Coach) (Athletic trust)

be considered for school affiliation. I understand that the following legal requirements and school regulations are now being observed and will continue to be observed in the future:

- All school-affiliated athletic trusts shall have open membership.
- A athletic coach will be in attendance at all athletic functions.
- The primary objectives of school-affiliated athletic trusts are either educational or service to the school. Athletic trusts whose major purpose is social will not be recognized.
- Athletic trust approval must be renewed annually.
- No initiations of any kind are permissible under the state law.
- All school-affiliated athletic trusts must have written constitution on file with the ASB office.
- All school-affiliated clubs must have a budget to project revenues and expenses. A club is prohibited from spending any funds raised until the club has an approved budget for the school year.

This charter is subject to all regulations applicable to student organizations and conditions stated in the application for a charter. Violation of any of these provisions will be sufficient cause for the charter to be revoked.

\_\_\_\_\_  
Signature of Athletic Coach

\_\_\_\_\_  
Date

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(For ASB use only)

In accordance with the authority vested in the Student Council/Senate by the Constitution of the Associated Student Body of \_\_\_\_\_ School, this charter is hereby:

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Comments \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASB President

\_\_\_\_\_  
ASB Advisor/Administrator

**Associated Student Body**

\_\_\_\_\_ School

**Athletic Charter**

**Purpose of athletic trust account**

a. Funds will be raised by \_\_\_\_\_

\_\_\_\_\_

b. Funds will be used for \_\_\_\_\_

\_\_\_\_\_

**Membership**

a. Members must be a student body member of \_\_\_\_\_ School.

b. Members must meet the following GPA and attendance requirements to qualify for membership (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Submitted by:

\_\_\_\_\_

Signature of Athletic Coach

\_\_\_\_\_

Date

**Membership Roster for \_\_\_\_\_**  
Name of Athletic trust

1 _____	26 _____
2 _____	27 _____
3 _____	28 _____
4 _____	29 _____
5 _____	30 _____
6 _____	31 _____
7 _____	32 _____
8 _____	33 _____
9 _____	34 _____
10 _____	35 _____
11 _____	36 _____
12 _____	37 _____
13 _____	38 _____
14 _____	39 _____
15 _____	40 _____
16 _____	41 _____
17 _____	42 _____
18 _____	43 _____
19 _____	44 _____
20 _____	45 _____
21 _____	46 _____
22 _____	47 _____
23 _____	48 _____
24 _____	49 _____
25 _____	50 _____