

# **LGTA CAMPUS CLUB REGISTRATION FORM (START A CLUB)**

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

Proposed Club Category: \_\_\_\_\_

Purpose / Mission of the Club: \_\_\_\_\_

Name of Founder: \_\_\_\_\_

Student Registration Number: \_\_\_\_\_

Course & Year of Study: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposed Patron / Advisor Name: \_\_\_\_\_

Patron Contact Information: \_\_\_\_\_

List of Founding Members (At least 5): \_\_\_\_\_

Meeting Schedule (Day/Time/Location): \_\_\_\_\_

Signature of Founder: \_\_\_\_\_ Date: \_\_\_\_\_

Approval (For Office Use Only): \_\_\_\_\_