POCONO MOUNTAIN SCHOOL DISTRICT APPLICATION FOR CLUB ADVISOR

and (if applicable)				
(Name)	(Employee ID #)	(Na	me)	(Employee ID #)
Would like to apply	γ for the position of (Club advisor for:		
		during the	school year	
(Name of Club)				
This club will run fr	Om(Date)			
Club Payment (CH	ECK APPROPRIATE E	BOX):		
Single Advisor: Stip	end will be prorated if les	s than 15 attendees for	a minimum of 42 hours	
	OR			
Each Advisor Rece	ives Stipend: Stipend will	be prorated if less than	30 attendees for a mini	mum of 42 hours
Advisors Split Stip	end			
Date Submitted:		_		
supervision will be probe provided. When a participation report ar	adership must be provi ovided until all participa club attracts the minim ad attendance record walletic Operations at the	ants have departed so um number of partici vill be completed and	chool grounds. A prora pants, the club will be forwarded to the Distr	ated stipend may conducted. A club rict Coordinator of
Please complete the following:				
BUILDING:				
FACILITIES TO BE (Please check availability	UTILIZEDwith Principal)			
REQUESTED STAI	RTING DATE			
REQUESTED END	ING DATE			
TIME AND DAYS _				
EQUIPMENT NEEDED				
Chain of Approval:		For Admin Use Only		
	Principal	Coordinator	School Board	