

The Cohoes City School District
Office of the Superintendent
Administration Center
7 Bevan Street
Cohoes, NY 12047

Phone: 518.237.0100

Fax: 518.233.1878

Extra-Curricular Activity Information Sheet
Beginning of Year

******This form must be turned in to the Building Principal By September 30th******

Name of Club:		Advisor(s):	
---------------	--	-------------	--

OFFICERS:	
President	
Vice President	
Secretary	
Treasurer	

A. MISSION STATEMENT:

B. CLUB GOALS:

1. _____

2. _____

3. _____

4. _____

5. _____

C. PROPOSED ACTIVITIES:

1. _____

2. _____

3. _____

4. _____

5. _____

D. MEETING DATES:

1. _____

2. _____

3. _____

4. _____

5. _____

PLEASE ATTACH STUDENT MEMBERSHIP ROSTER W/ STUDENT SIGNATURES

Advisor's Signature: _____
Building Principal Signature: _____

Date: _____
Date: _____

**The Cohoes City School District
Office of the Superintendent
Administration Center
7 Bevan Street
Cohoes, NY 12047**

Phone: 518.237.0100

Fax: 518.233.1878

**Extra-Curricular Activity Information Sheet
Mid-Year**

******Please submit this form to the Building Principal By February 1st******

Name of Club:		Advisor(s):	
---------------	--	-------------	--

OFFICERS:	
President	
Vice President	
Secretary	
Treasurer	

A. CLUB ACTIVITIES COMPLETED TO DATE:

1. _____
2. _____
3. _____
4. _____
5. _____

B. FUNDRAISERS COMPLETED TO DATE:

1. _____
2. _____
3. _____
4. _____
5. _____

C. DATES MET:

1. _____
2. _____
3. _____
4. _____
5. _____

NUMBER OF PARTICIPANTS: _____

Advisor's Signature: _____

Date: _____

Building Principal Signature: _____

Date: _____

**The Cohoes City School District
Office of the Superintendent
Administration Center
7 Bevan Street
Cohoes, NY 12047**

Phone: 518.237.0100

Fax: 518.233.1878

**Extra-Curricular Activity Report Sheet
End of Year**

****** This form must be turned in to the Building Principal By May 25th******

Name of Club:	Advisor(s):
---------------	-------------

A. WERE YOUR GOALS MET? EXPLAIN:

B. LIST OF FUNDRAISERS:

Type of Fundraiser	Purpose	Date(s) Held	Amount Raised	Amount Of Profit

****You must attach the following items:**

1. Meeting Dates
2. Meeting Minutes
3. Year End Financial Report

Advisor's Signature: _____

Date: _____

Building Principal Signature: _____

Date: _____