MADISON COUNTY HIGH SCHOOL

2649 West US Highway 90 • Madison, Florida 32340 • 850-973-5701 • Fax 850-973-5066

Club Representative Application

Name:	Grade:	_ GPA:
Class:		
To be eligible for the Club Re have made adequate yearly p		
	eacher Recommendations	
Signature	e .	Average
1 st period		
2 nd period		
3 rd period		
4 th period		
5 th period		
6 th period		
7 th period		
8 th period		
Parent Signature:		Date:
Student Signature:		Date:
Principal Signature:		Date:

This application must be completed and returned to MS. Aikens ASAP!!!!!!!