



SOUTHERN ASSOCIATION OF STUDENT COUNCILS

Advisor Intent to Run Form

Please complete the following information in ink. Postmark deadline to submit is **September 16, 2022.**

Forms must be sent by **CERTIFIED-RECEIPT REQUESTED** mail to:

Laurens District 55 High School/5058 Highway 76 West/Laurens, SC 29360/Attn: Brooke Yarbrough

Name of Advisor seeking office: _____

Office being sought (Assistant Advisor—2-year term) _____

Name of School where you are a faculty member: _____

School Address: _____

School Phone Number: (____) _____ Fax Number: (____) _____

Advisor Information:

Home address: _____

Email address (home): _____ Phone number: (____) _____

Email address (school): _____

Number of years as advisor: _____ Number of years at this school: _____

Last SASC Convention attended: _____

Student Council Information:

Number of members: _____ Number of officers: _____

Number of years in SASC: _____ Last 3 years in attendance at convention: _____

*****My signature below indicates an agreement to serve in this position for the designated term if elected. I will be in attendance at the SASC conference as well as the planning sessions during each year of my term of office.**

Advisor's Signature (mandatory): _____

Principal's Signature (mandatory): _____

Director of Schools' Signature: _____
(mandatory only for Executive Director position)