

GIRL POWER SCHOOLS PROGRAM

Chapter Information Sheet

School Name:	Fax:
Address:	
Phone:	Ext: Voice Mail:
Principal:	
Principal Email:	

Advisor Name:	Phone: ()
Address:	City: Zip Code:
E-mail:	Prep. Period: Time: Room:
Subject(s) Taught: 0)	4)
1)	5)
2)	6)
3)	7)
Grade(s) Advising:	

Chapter Meetings	
Day:	Time: Room:

Officer Meetings	
Day:	Time: Room:
President:	
Vice-President:	
Secretary:	
Treasurer:	
Other:	