

**Broward County Association  
of  
Student Councils**

**Intent to Run Form**

School Name: \_\_\_\_\_

BCASC Office  
Being Sought: \_\_\_\_\_

Student who will  
Be holding the office  
If elected: \_\_\_\_\_

SGA Advisor name \_\_\_\_\_

SGA advisor's signature indication that he/she approves of the school  
seeking the office indicated above

\_\_\_\_\_

If the office being sought is president of the BCASC, the advisor must  
agree to be present at all BCASC meetings and the principal must agree  
to this stipulation:

Principals name: \_\_\_\_\_

Principals Signature: \_\_\_\_\_

**Due to the Office of Student Activities Friday, April 12, 2019**