



## Broward County Association of Student Councils

### Intent to Run Form

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

BCASC office being sought: \_\_\_\_\_

Student Representative: \_\_\_\_\_

Student's Email: \_\_\_\_\_

SGA Advisor's name: \_\_\_\_\_

SGA Advisor's signature: \_\_\_\_\_

*Signature indicates that he/she approves of the school seeking the office stated above.*

***If the office being sought is president of the BCASC, explain your platform/presidential project in a couple sentences:***

***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:***

Principal's Name: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Submit via Canvas to the  
Department of Athletics & Student Activities by  
**Thursday, March 30, 2023**