

Woodinville High School
"One Falcon, One Family"



Application for Non-Fundraising ASB Club

Non-Fundraising ASB club names may not contain the phrase "Woodinville High School". "Woodinville" in the name of the club is acceptable.

Name of club or activity requested: _____

Describe purpose, proposed activities and goals of club: _____

Name(s) of club officer(s): _____

Meetings (time of day/day of week/where) _____

Constitution *(please attach)*

Student Completing this Application: _____

_____ Date

Adult Advisor _____

_____ Advisor Signature

_____ Date

Return application to:

Mr. Melton ASB Coordinator/Primary Advisor or Mrs. Kongkarat/Mrs. Schwans - ASB Office

For ASB Office Use Only:

Approved Not Approved

Principal or Primary Advisor

Date

Principal

Date