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

1-Application for Non-Fundraising ASB Club 8-3-16 ds