

Woodinville High School
"One Falcon, One Family"



Application for ASB Fundraising Club
(Spring Only)

Name of club or organization: _____

Name of faculty advisor: _____

Name of student contact: _____

Purpose and primary activities: _____

Method of membership selection: _____

Method of leadership selection: _____

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

Proposed budget (*please attach*)

Are there membership fees? () Yes () No If yes, how much? \$ _____

Fundraising activities: _____

Constitution (*please attach*)

Faculty Advisor

Faculty Advisor Signature

Date

Name of Student Completing this Application: _____

Date

Return application to:

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

For ASB Office Use Only:

Principal or Primary Advisor

Date

ASB Secretary

Date

Date of General ASB Meeting Approval: _____