

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

**Note: Any volunteers who help with the club must be approved through the office, follow NSD volunteer procedures, and submit a yearly background check prior to working with students.*

Return application to:

Mr. Kelly Activities Director or Mrs. Kongkarat/Mrs. Schwans - ASB Office

For ASB Office Use Only:

Approved

Not Approved

Principal or Assistant Principal Designee

Date

Activities Director

Date

(Return fully signed form to Denise Schwans for processing.)

Date of General ASB Meeting Approval: _____