

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

**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

_____ Date

Principal or Assistant Principal Designee

_____ Date

Activities Director

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