NORTH KITSAP SCHOOL DISTRICT
ASB CLUB/ACCOUNT APPLICATION

Date of application: _____

School: _____

Name of club/account: _____

Current ASB account code: _____

ASB Acct. Code _____

Resolution No. _____

Date approved _____

for office use only

Purpose of club/account (or attach a copy of your constitution):

Club Representatives:

_____ Print name and title _____ Signature

_____ Print name and title _____ Signature

_____ Print name and title _____ Signature

Club/Account Advisor:

_____ Print name _____ Signature

Student Council Approval:

_____ Print name and title _____ Signature

Administrator Approval:

_____ Signature

rev. 06/2010