



SNOQUALMIE VALLEY

SCHOOL DISTRICT

ESTABLISHING A CLUB REQUEST FOR APPROVAL OF NEW ASB CLUB ACTIVITY

Name of Club of Activity requested: _____

Describe proposed activities and goals of club:

Describe how money will be raised to fund activities:

Funds raised will be used to:

Name of proposed advisor in charge of activities: _____

Submitted by: _____ Date: _____

APPROVED	NOT APPROVED
_____ Principal Signature	_____ Date
_____ Primary Advisor (Activities or Athletics)	_____ Date