



**Request for Approval of ASB Club or Activity
Maywood Middle School**

Name of Proposed Club or Activity: _____

Name(s) of proposed advisor(s): _____

How will the proposed club or activity impact students at Maywood?

- 1.
- 2.
- 3.
- 4.

What is the main goal for the proposed club or activity? _____

How will money be raised to fund the proposed club or activity? _____

Funds raised will be used to:

- 1.
- 2.
- 3.
- 4.

Initial budget start-up funds requested: \$ _____

ASB Vote:

_____ Approved

_____ Not Approved

Comments:

ASB President Signature: _____ Date: _____

ASB Advisor Signature: _____ Date: _____

Bookkeeper Signature: _____ Date: _____

Administrative Signature: _____ Date: _____