

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* _____ Date _____
Advisor Signature

**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, Room 101) or Mrs. Nelson (ASB Office)

For ASB Office Use Only:

Approved ☐ Not Approved ☐

Principal or Assistant Principal Designee _____ Date _____

Activities Director _____ Date _____

(Return fully signed form to Rachel Nelson for processing.)