

Woodinville High School  
"One Falcon, One Family"



**Application for ASB Fundraising Club**  
(Spring Only)

Name of club or organization:\_\_\_\_\_

Name of faculty advisor:\_\_\_\_\_

Name of student contact:\_\_\_\_\_

Purpose and primary activities:\_\_\_\_\_

\_\_\_\_\_

Method of membership selection:\_\_\_\_\_

Method of leadership selection:\_\_\_\_\_

Meetings (time of day/day of week/where)\_\_\_\_\_

Proposed budget (*please attach*)

Are there membership fees? ( ) Yes ( ) No If yes, how much? \$\_\_\_\_\_

Fundraising activities:\_\_\_\_\_

Constitution (*please attach*)

\_\_\_\_\_  
Faculty Advisor\* Faculty Advisor Signature Date

Name of Student Completing this Application:\_\_\_\_\_  
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, 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.)***

Date of General ASB Meeting Approval:\_\_\_\_\_