

**Snoqualmie Valley School District #410**  
**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: \_\_\_\_\_

<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
_____ Principal Signature	_____ Date
_____ Primary Advisor (Activities or Athletics)	_____ Date