



Lake Washington High School PROPOSAL TO BEGIN A CLUB

Date:

Advisor Requestor Name:

Student Requestor Name:

Name of Proposed Club:

General description and/or purpose of the proposed club.

Goal(s) /Activities of proposed club:

When and how often do you intend to meet?

Why do you think there is an interested in this proposed club?

Is the proposed club affiliated with any other organization?
(i.e., national, county, etc.) If yes, please indicate organization: **YES** **NO**

Does this club plan to engage in fundraising? **YES** **NO**

ASB Student Senate Approval **YES** **NO**

Date Approved:

Signature of Requestor

Signature of ASB Secretary

Please attach the list of minimum 10 students or more who plan to join this club.

