Washington High School

Inactive Club Request Form

| Club Name: | |
|--|---------|
| School Year in which inactivity will occur: Please check the requirement(s) your club cannot meet and provide a reason: | |
| | |
| Hold 4 meetings this year. | |
| Hold one activity this year. | |
| Reason for Request: | |
| Submitted by: | _ Date: |
| Approval: | |
| Activities Director: | Date: |
| ASB Club Commissioner: | Date: |
| | |

White copy – Club

Yellow Copy – Activities Director