



WOODBURY HIGH SCHOOL

STUDENT ACTIVITY PROPOSAL FORM

Student Activity Name: _____ Date _____

Advisor(s): _____ Student Representative _____

State the Activity's Purpose:

When, where and how often does your activity meet?

Advisor Name (Printed) Advisor Signature Advisor E-mail Address

Student Rep Name (Printed) Student Rep Signature Student Rep E-mail Address

___ Jodi Loeblein-Lecker ___
Activities Director Activities Director's Signature Date

___ Sarah Sorenson-Wagner ___
Principal's Name Principal's Signature Date