

**HULBERT PUBLIC SCHOOLS
ACTIVITY FUND
REQUEST FOR NEW ACCOUNT**

DATE: _____

SITE: _____

PURPOSE: _____

SOURCE OF INCOME: _____

SPONSOR: _____
Signature

PRINCIPAL/
ADMINISTRATOR: _____
Signature

APPROVED BY: _____

DATE: _____

NEW ACCOUNT NAME: _____

NEW ACCOUNT NUMBER: _____

BOARD OF EDUCATION APPROVAL DATE: _____