

**ALTUS PUBLIC SCHOOLS  
ACTIVITY FUND ACCOUNT FUNDRAISER REQUEST**

School \_\_\_\_\_ Date Submitted \_\_\_\_\_

New Account \_\_\_\_\_ Name of Account \_\_\_\_\_ Acct.# \_\_\_\_\_  
Yes/No

I. List Purpose of the funds: \_\_\_\_\_  
\_\_\_\_\_

II. Approximate amount to be raised: \_\_\_\_\_  
\_\_\_\_\_

III. Date the fundraising activity will take place: \_\_\_\_\_

IV. Describe the fundraising activity, and other revenue income to be deposited into this account: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Activity Account Custodian/Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\*\*\*Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\*\*Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\*\* This request must be completed and submitted to the Board of Education Activity Accounts office,  
by 10:00 a.m., seven days prior to the next regularly scheduled board meeting.

\*\*\*Athletic Director signature required if account involves athletic groups.

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**Central Office Use**

**Board Action Date:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_