

Akron Public Schools

Supporting Organization Yearly Registration

Group Name : _____

Address : _____

City, State & Zip : _____

Phone Number : _____

Tax ID Number : _____

For School Year : _____

Officers :

Name : _____

Title : _____

Name : _____

Title : _____

Name : _____

Title : _____

Name : _____

Title : _____

Planned Activities & Fundraisers
