# NEW BERLIN C.U.S.D. #16

## Application for Establishing a Student Activity Account

**ACCOUNT NAME:** _____

**ACCOUNT NUMBER:** _____ **(To be assigned by Fund Custodian)**

**FACULTY ADVISOR:** _____
NAME                                         SIGNATURE

_____
NAME                                         SIGNATURE

**TREASURER:** _____
NAME                                         SIGNATURE

**PRINCIPAL APPROVED:** _____
SIGNATURE                                      DATE

**BOARD APPROVED:** _____
DATE