



New Extra-Curricular Fund Request Form

Date: _____

Sponsor Name: _____

Proposed Fund Number : _____

Name of New Fund: _____

Purpose of New Fund: _____

Sources of Revenue: _____

Types of Expenses: _____

Sponsor Signature _____ Date: _____

Principal Signature _____ Date: _____

Treasurer Approval _____ Date: _____

Superintendent Signature _____ Date: _____