

Gilmer Independent School District

REQUEST A NEW ACTIVITY ACCOUNT

Campus: _____

Proposed Group's Name: _____

Proposed Sponsor: _____

Primary Purpose: _____

A. Who will make decisions for the group? **Students** | **Sponsor** | **Principal**

If Students, will group elect officers and have business meetings? **YES** | **NO**

If NO, how will decisions be made? _____

B. Will the group engage in fundraising activities? **YES** | **NO**

If NO, how will money be obtained to finance the group's activities?

C. Will the group include ALL students in a class or department (senior, junior, etc. or Social Studies, Foreign Language, etc.)? **YES** | **NO**

If YES, what class or department? _____

If NO, will membership in the group be open to everyone? **YES** | **NO**

(Optional Comment) _____

Sponsor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Business Office Use Only:

NEW CAMPUS OR STUDENT ACTIVITY ACCOUNT CODE