

Wells Elementary School
Student Activities
Information for New Account Request

FOR OFFICE USE ONLY

Acct# _____

Date: _____

Date of Request: _____

Name of Group/Club: _____

Club Advisor(s): _____

(Printed Name)

(Signature)

(Printed Name)

(Signature)

Club Treasurer: _____

(Printed Name)

(Signature)

Purpose/Function of Group/Club:

How is account to be funded: _____

(i.e.: company/organization funds, local donations, fundraising)

**If you have any
questions, please see
Sarah Blevins**

Please feel free to call or email me if
you have any questions:

Sarah Blevins
Principal's Secretary
207-646-5953 x 4103
sblevins@wocsd.org