

**LINCOLN-SUDBURY REGIONAL SCHOOL DISTRICT**

STUDENT ACTIVITY ACCOUNT  
WITHDRAWAL REQUEST FORM

NAME OF ACTIVITY:

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ADVISOR APPROVAL:

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DATE OF REQUEST:

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CHECK PAYABLE TO:

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AMOUNT OF CHECK \$

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REASON FOR CHECK

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Please attach invoice(s) and/or receipts and copy of credit card  
(black out all but the last 4 numbers of card).