FUND REQUEST FORM

AMCHS BAND BOOSTERS INDIVIDUAL SUPPLY ACCOUNT

Band Member's Name : _____ Date:_____

I request that funds be withdrawn from my student's Band Booster fundraising account to pay costs as listed below.

_____ _____

Parent Signature Student Signature

Item	**Payment**
* **Assessment Fee** (check will be given to directors)	$ _____
***Trip Payment** (check given to directors)	$ _____
* **Lessons** (include name and mailing address of teacher)	$ _____
* **Piano Accompanist** (include name and mailing address)	$ _____
* **Pre Game Meal** (check will be given to directors)	$ _____
***Music Supply Purchase** (attach receipt)	$ _____
***Band Camp** (check will be given to directors)	$ _____
***Instrumentation Fund**	$ _____
***Senior Scholarships**	$ _____
***Sibling transfer from graduating senior** (Balance of acct)	**$** _____
Name of sibling _____	
***Other: Please list**: _____	$ _____
Total Due	$ _____
Current Balance	$ _____
Balance after fee	$ _____

Treasurer's Approval

_____ Date _____

Turn into the Maroon Mailbox in the corner of the band hall for pickup by the boosters.