

PAYMENT COUPON - SHHS BAND & COLORGUARD
2017-2018

(PLEASE INCLUDE THIS FORM WITH YOUR BAND FEE AND/OR FUNDRAISING AMOUNT)



Date: _____

Your Name: _____ Student's Name: _____

Amount: \$ _____

Payment: Cash or Check No. _____

Is this for a Fundraising Event or Band Fee

Name of Fundraising Event: _____

Ticket #'s you are returning (if applicable) _____

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