PAYMENT COUPON - SHHS BAND & COLORGUARD 2024-2025



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

Date:	_		Dillio & ODDON ODIIIID
Your Name:		Student's Name:	
Amount: \$		_	
Payment: Casl	h <i>or</i> 🗖 Check No		
Is this for a ☐ Fund	draising Event or 🗖 Ban	d Fee	
Name of Fundraisir	ng Event:		
Date:	PAYMENT COUPON	N - SHHS BAND & COLORGUARD 2024-2025 H YOUR BAND FEE AND/OR FUNDRAISING AMOUNT)	BAND & COLOR GUARD
Your Name:		Student's Name:	
Amount: \$		_	
Payment: Casl	h or 🗖 Check No		
Is this for a ☐ Fund	draising Event or 🚨 Ban	d Fee	
Name of Fundraisir	ng Event:		
Date:	PAYMENT COUPON	N - SHHS BAND & COLORGUARD 2024-2025 ITH YOUR BAND FEE AND/OR FUNDRAISING AMOUNT)	SHIB
Your Name:		Student's Name:	_
Amount: \$			
Payment: Casl	h <i>or</i> 🗖 Check No		
Is this for a ☐ Fund	draising Event or □ Ban	d Fee	
Name of Fundraisir	ng Event:		
Ticket #'s you are r	eturning (if applicable)		