

**PAYMENT COUPON - SHHS BAND & COLORGUARD**  
**2024-2025**

(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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