

CENTRAL YORK HIGH SCHOOL MUSIC BOOSTERS

**Individual Student Account Withdrawal Request**

Student Name: \_\_\_\_\_

Check all that apply:

Band       Choir       Orchestra

Parent/Guardian Name: \_\_\_\_\_ (check will be made out to parent/guardian)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Description of expense for which reimbursement is requested: (e.g. reeds, instrument purchase, private lessons, etc.)

*ATTACH RECEIPT that shows the item and amount paid. Withdrawal will be made in the form of a reimbursement to the Parent from the Music Boosters. Receipt showing payment MUST be attached.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Treasurer use:

Faculty Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent: \_\_\_\_\_