

ARGYLE MUSIC ASSOCIATION



Student Travel Fundraising Account

REQUEST FOR PAYMENT FORM

Established 2008
Revised October 2012,
Updated January 2017

To: Treasurer of Argyle Music Association

From: _____ (Parent/Guardian)

My child, _____ Student Number _____

currently in grade _____ and in Band (x) _____ and/or Choir (x) _____

will be /has already travelled on an Argyle School Music Trip to :

_____ during _____ .
(destination) (month/year of trip)

Once the music program trip of two or more nights is complete, please pay out the entire balance of the above student's travel account and make the cheque payable to:

Name: _____

Mailing Address: _____

Signed: _____ Date : _____
(Parent/Guardian)

Return this form to the Argyle music teacher or the AMA Treasurer at:

treasurer@argylemusic.ca