

MCHS Band/Guard CHAPERONE Trip Payment Form

Chaperone Name: _____

Band Student Name: _____

Chaperone Contact Information: _____

PAYMENT AMOUNT ENCLOSED: _____

PLEASE MAKE CHECKS PAYABLE TO: MCHS BAND BOOSTERS

PLEASE PLACE ALL TRIP PAYMENTS IN THE BLACK BOX IN THE BAND ROOM.

TRIP PAYMENT SCHEDULE:

FIRST NON-REFUNDABLE PAYMENT of \$50.00 DUE BY: 8/21/2009

SUBSEQUENT PAYMENT DUE DATES:

SEPTEMBER 25, 2009 AMOUNT DUE: \$200.00

OCTOBER 23, 2009 AMOUNT DUE: \$200.00

NOVEMBER 20, 2009 AMOUNT DUE: \$200.00

DECEMBER 18, 2009 AMOUNT DUE: \$200.00

JANUARY 22, 2010 REMAINING BALANCE DUE: \$328.00

QUESTIONS SHOULD BE DIRECTED TO: SUE KRATZ: (815) 521-1186,
sekratz@sbcglobal.net or KIM GORDON (815) 258-7723,
simplelife4me70@comcast.net