



BATTLEFIELD BANDS

Battlefield High School BSO: REQUEST FOR STUDENT ACCOUNT FUNDS

Date: _____

Student Name: _____ Grade: _____

Instrument/Color Guard: _____

Parent Name: _____ Phone: _____

Amount Requested: _____

I would like to apply these funds to (check all that apply):

- | | | |
|-------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Band Fees (\$400) | <input type="checkbox"/> Audition Fees (varies) | <input type="checkbox"/> Band Trip Fee (varies) |
| <input type="checkbox"/> Wind Suit (\$55) | <input type="checkbox"/> Shoes (\$35) | <input type="checkbox"/> Color Guard Rifle (\$40) |
| <input type="checkbox"/> Marching Gloves (\$5) | <input type="checkbox"/> CG Gloves (\$15) | <input type="checkbox"/> Concert Attire (varies) |
| <input type="checkbox"/> Rental Charge (varies) | <input type="checkbox"/> Other (please explain below) | |

Additional Information (please provide detailed information, if applicable):

BSO STUDENT ACCOUNT MANAGER NOTES

Date Received: _____

Date Funds Applied: _____

Student Account Balance: _____