

STUDENT INFORMATION

Number _____

Last Name: _____ First Name: _____ Student ID: _____ Graduation (YEAR): _____

(Parents Last Name if **other** than Students Last Name: _____)**ACTIVITY FEE**

_____ Marching Band	_____ Tuesday Jazz Band	_____ Winter Drumline	_____ Regional Competition
_____ Shoes	_____ Thursday Jazz Band	_____ Winter Guard	_____ State Competition
_____ Gloves	_____ Jazz Lab	_____ Uniforms	_____ Ahwatukee Youth Band
_____ Meals	_____ Wind Ensemble	_____ Equipment	_____ Trip Fees
_____ Guard Outfits	_____ Rifles	_____ Gloves	_____ Other (Specify) _____

PAYMENT (ATTACH TAX CREDIT RECEIPT TO RECEIVE PROPER CREDIT) (Checks are Payable to DVBB)

Full Payment \$ _____ Invoice Number _____ Check No. _____ Tax Credit Receipt No. _____ Cash _____

Credit Card No. _____ Expiration date ____/____/____

PMT #1 \$ _____ Invoice Number _____ Check No. _____ Tax Credit Receipt No. _____ Cash _____

Credit Card No. _____ Expiration date ____/____/____

PMT #2 \$ _____ Invoice Number _____ Check No. _____ Tax Credit Receipt No. _____ Cash _____

Credit Card No. _____ Expiration date ____/____/____

PMT #3 \$ _____ Invoice Number _____ Check No. _____ Tax Credit Receipt No. _____ Cash _____

Credit Card No. _____ Expiration date ____/____/____

PMT #4 \$ _____ Invoice Number _____ Check No. _____ Tax Credit Receipt No. _____ Cash _____

Credit Card No. _____ Expiration date ____/____/____

Authorized Payment Schedule: Number of Payments _____ \$ _____ /PMT Financial Aid \$ _____

Please return this form with payment (receipt if needed) to: DV Band Boosters • 3145 E. Chandler Blvd, Suite 110 • Box 606 • Phoenix, AZ, 85048**STUDENT INFORMATION**

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