

Hudsonville Band Booster's
Music Camp Reimbursement Form

Student's Name _____

Parent's Name _____

Address: _____

Instructor: _____

Grade _____

Camp Information

Name: _____

Location: _____

Dates Attending: _____

Instrument: _____

Total Cost* to Student: _____ (Boosters will reimburse half the cost up to \$150.00)

***Invoice/Receipt for payment must be attached**

Check payable to student ____ or parent ____

Amount being requested from Student Account _____ (Subject to amount available in the Student's personal account)

Director Approval

Date: _____

Signature: _____