

# VHS Band Boosters Individual Account Withdrawal Request

Student Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Purpose \_\_\_\_\_  
Make Check Payable To \_\_\_\_\_

Student Signature _____	Date _____
Parent Signature _____	Date _____
Band Director Signature _____	Date _____
VHS Band Boosters Signature _____	Date _____

Funds will be available approximately two weeks after the completed form has been submitted to and approved by the Band Director and received by the VHS Band Boosters.