



WEST SPRINGFIELD HIGH SCHOOL BAND BOOSTERS

Student Fundraising Account Expenditure Authorization

YOU MUST HAVE SUFFICIENT CREDITS IN YOUR STUDENT ACCOUNT TO COVER THE REQUESTED DEDUCTION

I, _____, request that _____
(Print Name) (Insert Total Amount)

credits be deducted from _____ account to pay for:
(Print Student's Name)

____ Marching Band/Fall Guard Fee

____ Solo & Ensemble Fee

____ Band Activity Fee

____ District Band Audition Fee

____ FCPS Instrument Rental Fee

____ Spring Trip Fee

____ Indoor Drumline/Winter Guard Fee

____ Other _____
(Must specify a school-related band fee)

Note: "Other" expenditure of credits can ONLY be used toward FCPS band-related fees.

I certify that sufficient credits are in my Student Account to cover this deduction.

Student Signature

Date

Parent Signature

Date