

**Argyle Music Association**  
**STUDENT TRAVEL FUNDRAISING ACCOUNT**  
**REQUEST FOR PAYMENT FORM**

**To:** Treasurer, Argyle Music Association

**From:** \_\_\_\_\_

(parent/guardian)

My child, \_\_\_\_\_ Student Number \_\_\_\_\_

current grade \_\_\_\_\_ Band (x) \_\_\_\_\_ Choir (x) \_\_\_\_\_.

will be /has already travelled on an Argyle School Music Trip to :

\_\_\_\_\_

(destination)

\_\_\_\_\_

( month/year of trip)

**Form must be submitted one month before trip meeting.**

Please pay out the entire balance of the travel account and make the cheque out to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Return this form to the music teacher or the AMA Treasurer at :  
**amatreasurer@gmail.com**