

Argyle Music Association

Student Travel Fundraising Account

REQUEST FOR TRANSFER FORM

TO: Treasurer, Argyle Music Association

From: _____

(parent/guardian)

My Child : _____ Student Number: _____

Band _____ Choir _____ Year _____

May still have funds in their student travel fundraising account.

Please transfer these funds to their sibling or friend:

Name : _____ Student Number _____

Grade _____ Band _____ Choir _____

Parent /Guardian Signature: _____

Date : _____

Please e-mail this form to the AMA Treasurer :
amatreasurer@gmail.com