

NORMAL WEST BANDS  FIESTA BOWL STUDENT PAYMENT OCTOBER
PAYMENT DUE OCTOBER 15, 2012

Student Name	Parent/Guardian Name(s) in case of questions
Parent Email Address(es)	Parent Cell Phone Number

- Attached/Enclosed is the student's October payment of \$150. (Check # _____)
- Apply this amount \$ _____ from my account toward the cost of this trip. (Student Acct. # _____)
 (Attached/Enclosed is payment for the remaining amount, if applicable.)



*Please make checks payable to **Normal West Bands** and include the student's name in the memo field.*



Visit www.normalwestbands.org and www.fiestabands.com for additional trip information.



Mail this form and payment to: Ellyce Wolfe, 104 S. Broadway, Hudson, IL 61748

NORMAL WEST BANDS  FIESTA BOWL STUDENT PAYMENT NOVEMBER
PAYMENT DUE NOVEMBER 15, 2012

Student Name	Parent/Guardian Name(s) in case of questions
Parent Email Address(es)	Parent Cell Phone Number

- Attached/Enclosed is the student's November payment of \$100. (Check # _____)
- Apply this amount \$ _____ from my account toward the cost of this trip. (Student Acct. # _____)
 (Attached/Enclosed is payment for the remaining amount, if applicable.)



*Please make checks payable to **Normal West Bands** and include the student's name in the memo field.*



Visit www.normalwestbands.org and www.fiestabands.com for additional trip information.



Mail this form and payment to: Ellyce Wolfe, 104 S. Broadway, Hudson, IL 61748