

**CHECK REQUEST**  
FOR PAYMENT/REIMBURSEMENT OF LESSON

Date: \_\_\_\_\_ Student's name: \_\_\_\_\_

Check should be paid to \_\_\_\_\_

Address of payee: \_\_\_\_\_

Enclosed is our proof of payment for:

**LESSONS**

- Bill from teacher indicating date and cost of each lesson (if the bill has been paid and you are requesting reimbursement, copy must be marked "paid" and signed by the teacher)

\_\_\_\_\_  
Signature of Parent/Guardian

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Band Director-** Lynnae Bontrager lbontrager@coalcityschools.org

**CCMB President-** Amy Kostbade ccmusicboosters1@gmail.com

**CCMB Treasurer-** Julie Vanek