

# MelRae's School of Dance Booster Club

## Payment Request

Date of Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student or family account: \_\_\_\_\_

Name of Parent on account: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Payable to: \_\_\_\_\_  
\_\_\_\_\_

Explanation of payment request (ie., Competition, recital, convention)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent requesting payment:

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

Signature of parent receiving check:

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

Check number: \_\_\_\_\_

Receipt attached: (circle) Yes or No