

D.C. BAND TRIP April 6 – 11, 2010
PAYMENT COUPON FOR MONTH #3
No Refunds after October 12, 2009. (Revised 7-22-09)

3rd Payment Due On: October 12th Amount Due: \$135

Make check or money order payable to: **Lyman Band Boosters**. Please put **student's name** on check's memo line.

Check # _____ **Personal Account** _____

Mail to: **Lyman Band**
 c/o Lisa Smith, Treasurer
 106 W. Hillcrest Street
 Altamonte Springs, FL 32714

Student's Name _____

Home Phone _____ Cell Phone _____

Parent's e-mail _____

If you have questions, please contact: Lisa Smith at treasurer@lymanband.com

D.C. BAND TRIP April 6 – 11, 2010
PAYMENT COUPON FOR MONTH #4

4th Payment Due On: November 9th Amount Due: \$135

Make check or money order payable to: **Lyman Band Boosters**. Please put **student's name** on check's memo line.

Check # _____ **Personal Account** _____ (Fall Fundraisers' money will be available)

Mail to: **Lyman Band**
 c/o Lisa Smith, Treasurer
 106 W. Hillcrest Street
 Altamonte Springs, FL 32714

Student's Name _____

Home Phone _____ Cell Phone _____

Parent's e-mail _____

If you have questions, please contact: Lisa Smith at treasurer@lymanband.com

**D.C. BAND TRIP April 6 – 11, 2010
PAYMENT COUPON FOR MONTH #5**

5th Payment Due On: December 14th Amount Due: \$100

Make check or money order payable to: **Lyman Band Boosters**. Please put **student's name** on check's memo line.

Check # _____ Personal Account _____

Mail to: **Lyman Band
c/o Lisa Smith, Treasurer
106 W. Hillcrest Street
Altamonte Springs, FL 32714**

Student's Name _____

Home Phone _____ Cell Phone _____

Parent's e-mail _____

If you have questions, please contact: Lisa Smith at treasurer@lymanband.com

**D.C. BAND TRIP April 6 – 11, 2010
PAYMENT COUPON FOR FINAL PAYMENT**

Final Payment Due On: February 8th Amount Due: \$100

Make check or money order payable to: **Lyman Band Boosters**. Please put **student's name** on check's memo line.

Check # _____ Personal Account _____

Mail to: **Lyman Band
c/o Lisa Smith, Treasurer
106 W. Hillcrest Street
Altamonte Springs, FL 32714**

Student's Name _____

Home Phone _____ Cell Phone _____

Parent's e-mail _____

If you have questions, please contact: Lisa Smith at treasurer@lymanband.com