



Kalkaska Music Boosters
EVERY
Fourth Lesson FREE Payment Request

PLEASE print LEGIBLY.

Your name _____

Student's Name and Grade

Thank you for supporting your child's music education by expanding it to include private lessons.

You are responsible for making arrangements with your instructor concerning payments. Boosters will not act as an agent in these matters. We simply pay for every fourth lesson to either you or the instructor according to how you mark this sheet and the documentation you provide.

Request:

You must enclose a copy of the lesson bill which contains the instructor's contact information.

Total Amount \$ _____

_____ Reimbursement of private lesson fee paid to music instructor. Bill must be marked paid and signed by the instructor.

Your mailing address _____

_____ Payment to music instructor. Bill must include instructor's mailing address.

Payable to _____

You may turn in this form to Mr. Chissus or mail to:

Kalkaska Music Boosters

P.O. Box 843

Kalkaska, MI 49646

Anything else we should know?