

Clements Band and Dance Team Booster Club

Clinician Check Request

Date of request: _____

Amount requested: _____

Instruction provided:

Marching Concert Percussion
 Color Guard Stars Other (please describe)

Make check payable to:

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Social Security # or Tax ID #: _____

Signature: _____

Approved by (band director): _____

Accounting Purposes Only:

Date Issued: _____ Approved by: _____

Check No. _____