

**EVHS INSTRUMENTAL MUSIC DEPARTMENT
SOUTHERN CALIFORNIA PERFORMANCE TOUR**

February 12-16, 2010

DEPOSIT PAYMENT FORM

Student Name _____

Band Group (circle one): Concert Symphonic Wind Ensemble Orchestra

Deposit Fee -- \$50

(Fee used to reserve hotel accommodations, transportation, etc.)

Please make all checks payable to **EVHS Band Boosters**. Make sure the student's name is on the check along with the notation "SoCal 2010 Deposit". Deposit Payment Form and payment must be turned in no later than **THURSDAY, APRIL 30, 2009**.

By signing below, I acknowledge that the above deposit payment made to the EVHS Band Boosters is non-refundable.

Parent Name (Print) _____

Parent Signature _____ Date _____

Contact: Mr. Barnhill at 347-7034 or barnhills@esuhsd.org

Office Use Only

Date Payment Received: _____

Check No.: _____