

Clements Band and Guard 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): _____

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Accounting Purposes Only:

Date Issued: _____ Approved by: _____

Check No: _____