

John S. Battle Band  
**PARENT** Deposit / Withdrawal Form

Parent Name: \_\_\_\_\_

Student Account: \_\_\_\_\_  
(Print Name of Student)

1. Deposit to Student Account:

Amount in Cash: \$ \_\_\_\_\_

Amount in Check: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Total: \$ \_\_\_\_\_

2. Purpose of Deposit (To cover expense indicated below. If more than one function, indicate the amount next to each function):

- Trip Fee for \_\_\_\_\_ \$ \_\_\_\_\_
- Fund Raiser - \_\_\_\_\_ \$ \_\_\_\_\_
- Parent Band T-Shirt Qty: \_\_\_\_\_ Size: \_\_\_\_\_ \$ \_\_\_\_\_
- Competition - \_\_\_\_\_ \$ \_\_\_\_\_
- Other - \_\_\_\_\_ \$ \_\_\_\_\_

3. Money Deposited or Withdrawal Requested By:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Depositing Cash, You Must Have Mr. Collins or Mrs. Roberts Sign as a Witness.

Witness  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_