



KELSO INSTRUMENTAL MUSIC BOOSTERS

PO Box 111
Kelso, WA
98626

STUDENT LEDGER TRANSFER/WITHDRAWAL REQUEST

Student Name (Print): _____

Authorizing Parent/Guardian (Print): _____

Phone: _____

The above authorizing parent/guardian is requesting funds in the above student ledger be transferred as described below:

Total Amount: _____

To (write in each amount where applicable):

Marching Band (KIMB):	Marching Band (ASB):	Marching Band Shoes:
Wind Ensemble:	Jazz Ensemble:	Percussion Ensemble:
Basketball Band:	Solo & Ensemble:	KIMB Participation:
Concert Band:	S&E Accompanist:	Other:

The above authorizing parent/guardian is requesting funds in the above student ledger be withdrawn as described below:

Amount: _____

Payable to: _____

Address: _____

NOTE: Monies collected and held by KIMB in student ledgers may only be withdrawn in accordance with the law.

Signature: _____ Date: _____

KIMB use only:

Authorized by: _____ Completed by: _____ Date: _____ Check #: _____ Trans. # _____