

TRIP REFUND FORM

This form must be completed in order to receive a refund for your trip deposits. If you are requesting more than one check, please list the amount and who the check is to be made payable.

Student name: _____

Payable to: _____ \$ _____

Payable to: _____ \$ _____

All checks will be mailed. Please provide a mailing address. All refund checks will be issued within thirty (30) days of request. Please print so all information will be legible.

Mailing address: _____

___ I wish to leave my students trip funds in my account for next year

Parent signature: _____

Completed forms can be emailed to treasurer@prideofpc.com or mailed to

PCHS Band Boosters
Po Box 381257
Murdock, FL 33982

NO REFUND WILL BE ISSUES WITHOUT COMPLETING THIS FORM!