

ROME TRIP PAYMENT SLIP #1

NAME:	CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)		
AMOUNT DUE: \$100	DATE DUE: 12/16/2022	CHECK #:	CASH: \$

(___) I agree to pay all of the payments on a timely basis, but most of all that I will pay all of the remaining balance due no later than October 13 2023

(___) I understand that any payments I make into this trip account may be nonreundable, and, if I do not finish the payments on time or decide to forfeit going on this trip, the funds will roll forward and be applied to band/guard dues for next year

(___) CHAPERONES: I understand I must be a registered Dividend, 21 years old or older, and that I must also be fingerprinted (at my own expense) through Seminole County Public Schools during the 2023-2024 school year

ROME TRIP PAYMENT SLIP #2

NAME:	CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)		
AMOUNT DUE: \$250	DATE DUE: 1/13/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #3

NAME:	CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)		
AMOUNT DUE: \$300	DATE DUE: 2/10/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #4

NAME:	CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)		
AMOUNT DUE: \$350	DATE DUE: 3/3/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #5

NAME:	CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)		
AMOUNT DUE: \$400	DATE DUE: 4/14/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #6

NAME:		CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)	
AMOUNT DUE: \$450	DATE DUE: 5/19/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #7

NAME:		CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)	
AMOUNT DUE: \$500	DATE DUE: 8/18/2023	CHECK #:	CASH: \$

(___) I agree to pay all of the payments on a timely basis, but most of all that I will pay all of the remaining balance due no later than October 13 2023

(___) I understand that any payments I make into this trip account may be nonreundable, and, if I do not finish the payments on time or decide to forfeit going on this trip, the funds will roll forward and be applied to band/guard dues for next year

(___) CHAPERONES: I understand I must be a registered Dividend, 21 years old or older, and that I must also be fingerprinted (at my own expense) through Seminole County Public Schools during the 2023-2024 school year

ROME TRIP PAYMENT SLIP #8

NAME:		CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)	
AMOUNT DUE: \$550	DATE DUE: 9/15/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #9

NAME:		CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)	
AMOUNT DUE: \$600	DATE DUE: 10/13/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

ROME TRIP PAYMENT SLIP #10

NAME:		CHECK ONE: I AM A (___STUDENT) (___CHAPERONE)	
AMOUNT DUE: \$200*	DATE DUE: 11/10/2023	CHECK #:	CASH: \$

Checks and money orders made payable to SHS BPA

*please email treasurer@seminolehsband.org to obtain your outstanding trip balance.