

CENTRAL CROSSING HIGH SCHOOL BAND

2024-2025 PAYMENT COUPONS - Color Guard ONLY

Thank You for your timely payments From the Band Boosters!

Booster President: Marlon Jefferson ccmbpresident@gmail.com	Booster Treasurer: Ami Baumgartner ccmbtreasurer@gmail.com	Band Director: Eric Hubbell eric.hubbell@swcsd.us Guard Director: Nikki Ross nikki.ross@swcsd.usonly
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4th PAYMENT (FINAL) - Due September 13, 2024		
Student's Name:	<input type="radio"/> Cash/Check/Money Order <input type="radio"/> Student Account Withdraw <input type="radio"/> Paypal	Amount Due = \$75.00 Amount Paid = \$ _____
Please make all checks payable to: CCBB Please place in band room drop box or mail to: Central Crossing Band Boosters, PO Box 1488, Grove City, OH 43123		

3rd PAYMENT – Due August 15, 2024		
Student's Name:	<input type="radio"/> Check <input type="radio"/> Student Account Withdraw <input type="radio"/> Paypal	Amount Due = \$100.00 Amount Paid = \$ _____
Please make all checks payable to: CCBB Please place in band room drop box or mail to: Central Crossing Band Boosters, PO Box 1488, Grove City, OH 43123		

2nd PAYMENT – July 18, 2024		
Student's Name:	<input type="radio"/> Cash/Check/Money Order <input type="radio"/> Student Account Withdraw <input type="radio"/> Paypal	Amount Due = \$100.00 Amount Paid = \$ _____
Please make all checks payable to: CCBB Please place in band room drop box or mail to: Central Crossing Band Boosters, PO Box 1488, Grove City, OH 43123		

1st PAYMENT – Due June 13, 2024 & COMMITMENT STATEMENT		
Student's Name:	<input type="radio"/> Cash/Check/Money Order <input type="radio"/> Student Account Withdraw <input type="radio"/> Paypal	Amount Due = \$100.00 Amount Paid = \$ _____
Please make all checks payable to: CCBB Please place in band room drop box or mail to: Central Crossing Band Boosters, PO Box 1488, Grove City, OH 43123		
MARCHING BAND COMMITMENT FORM I hereby make the commitment to pay a total of \$375.00 to the Central Crossing Band Boosters in support of the Marching Band Program for School year 2024-2025.		
Student's Name _____ Parent Signature: _____		
Phone Number: _____ Email: _____		