

# **Private Lesson Reimbursement Form**

*Please mail this form to:*

Fowlerville Band Boosters  
PO Box 545  
Fowlerville, MI 48836

***Must be postmarked no later than 45 days from date of first lesson on sheet.***

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Private Instructor Name**

\_\_\_\_\_  
**Student Phone Number**

\_\_\_\_\_  
**Private Instructor Phone Number**

Date of Lesson

Money Paid to Instructor

Instructor Initials

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

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\$ \_\_\_\_\_

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\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

**Total Money Paid to Instructor = \$ \_\_\_\_\_**

**How do you wish to receive reimbursement? Place an "x" next to desired option.**

\_\_\_\_\_ Please credit student account for the amount of reimbursement.

\_\_\_\_\_ Please reimburse via check made payable to \_\_\_\_\_.  
*Parent/Guardian Name*