BBOB

# Bloomfield band and orchestra boosters

4200 Andover Road, Bloomfield Hills, MI 48302

**BBOB STUDENT SUPPLEMENT APPLICATION**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_Instrument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting assistance for the following item/event:

\_\_\_\_Band or Orchestra Camp \_\_\_\_Solo & Ensemble Admission Fee

\_\_\_\_Field Trip \_\_\_\_All-State Audition Fee

\_\_\_\_MYAF \_\_\_\_All State Admission Fee

 \_\_\_\_Other

BBOB will not pay for personal expenses, such as but not limited to, private lessons, accommodations, transportation and related travel expenses, meals/food, or student chaperone expenses (such as a chaperone to All-State). Under no circumstances will BBOB supply cash to a recipient.

I am able to pay \_\_\_partial payment amount\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_no part

Amount approved :\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by:

All information will be kept confidential within the Executive Board of BBOB/Student Supplement Committee.