



Payment Form

BANDS OF CATHEDRAL CITY HIGH SCHOOL

Use for all band program fees, activities, fundraising & donation

Student Name _____ Parent Name _____

Student ID# _____ Parent assigned ID# _____



Make checks payable to CCHS Bands

Cash Check Credit Card PayPal

Marching Band Payment Amt. _____

Trip Payment Name _____ Amt. _____

Fundraiser Payment Item _____ Amt. _____

Bus Payment Item _____ Amt. _____

Other Item _____ Amt. _____

Total Amt. _____

Card # _____ Expiration: Mo ___/Yr ___ Security Code: _____

Name on Card: _____

Billing Address: _____

Email address: _____

Phone number of cardholder: _____

X _____

CCHS Bands

69250 Dinah Shore Dr., Cathedral City, CA 92234

Phone & Fax 760-770-0164

Payments & Donations can also be made on our website at www.cchsbands.org