



PAYMENT COUPON – HAMP

Hollidaysburg Arts and Music Parent Association

(PLEASE INCLUDE THIS FORM WITH YOUR PAYMENT)

P.O. Box 736

Hollidaysburg, PA 16648

Date: _____

Your Name: _____

Student's Name: _____

Amount: _____

Email: _____

Payment: Cash or Check No. _____

Phone: _____

Payment is for: Fair Share Marching Band Fee Spirit wear Majorette/Dance Drill Clothing
 Polo Shirt Concert Gown Fundraiser _____ Other _____

Description of what payment is for: (please try to be as specific as possible so students' account can be credited accordingly)



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