

CONFIDENTIAL — TREASURER USE ONLY

Edison Charger Band & Color Guard

Payment & Assessment Tracking — 2026–2027

CONFIDENTIAL

This document is for the Treasurer's records only. Payment status is private and must not be shared with other members, staff, or families. Only the Treasurer (Helen Liang).

Please submit this form on the first day of Band Camp. Checks, cash, or credit/debit cards are accepted. An invoice can be sent by email upon request prior to camp. Contact: treasurer@EdisonInstrumentalMusic.org

Student Name:

Parent/Donor Name:

Donor Address:

City:

State:

Zip:

Email for receipt/invoice:

Assessments

- ☐ Band Camp Fee \$550
- ☐ Instrument Usage — Fall Semester \$110
- ☐ Instrument Usage — Spring Semester \$110

Item	Amount Due	Amount Paid	Date Paid	Method	Notes/Balance
Band Camp Fee	\$550.00				
Instrument Usage – Fall	\$110.00				
Instrument Usage – Spring	\$110.00				
TOTAL	\$770.00 max				

- ☐ I will pay by credit card on the first day of band camp

Checks payable to: EHS Band Boosters Association · PO Box 6966, Huntington Beach, CA 92615 · or drop in booster box in band room

This form must be submitted in order to participate in band camp. Pledges can be paid in one payment or over 6 monthly payments (August through January). Only commit to the amount you are able to pay.

Donor Information

Donor Name:

Student Name:

Address:

City:

State:

Zip:

Phone:

Email for receipts & reminders:

Donation / Pledge Amount

Donation Choice	One-Time Payment	Monthly (6 Months)	Pledged
Student — Full Cost	\$1,830.00	\$305.00 / month	\$
Student — Recommended	\$960.00	\$160.00 / month	\$
Other Amount	\$	\$ / month	\$

Special Instructions:

Payment Terms

- ☐ OPTION 1 — One-Time Payment: ☐ Send me an invoice ☐ I am writing a check today
- ☐ OPTION 2 — Invoice Monthly: Billed monthly for 6 months beginning August, ending January. Invoice sent 1st of each month. (Check, Credit Card, or Bank Transfer accepted)
- ☐ OPTION 3 — Autopay Monthly: Recurring auto-draft on the 15th of each month for 6 months beginning August, ending January. Credit card required.

Credit Card #:

Exp Date:

CVV:

I authorize the Edison High School Band Booster Association to electronically charge my credit card as indicated above. This authorization remains in effect until I notify the Booster Association. By signing, I commit to completing the pledge or notifying the Treasurer at treasurer@edisoninstrumentalmusic.org if I cannot complete payment.

Authorized Signature:

Date:

Print Name: