

Coginchaug Regional High School Parents of Performers  
CHECK REQUEST/DEBIT CARD PAYMENT FORM

Requested By/  
Card Used By: \_\_\_\_\_ Date: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

EVENT/OCCASION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Item/Description, etc.

Amount

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TOTAL: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_