



# CHAMPS

Case High Association of Music Parents  
P.O. Box 37  
Swansea, MA 02777



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## C.H.A.M.P.S. Account Disbursement Request Form

**Student Name:** \_\_\_\_\_

**Check Amount:** \_\_\_\_\_

**Made Payable to:** \_\_\_\_\_

**Description:** \_\_\_\_\_

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

**Signature of Student or Parent:** \_\_\_\_\_

**Check amounts over \$99 requires 2 weeks notice!!!**

Office use only:  
Rec'd \_\_\_ Ck # \_\_\_\_\_ Amt. \_\_\_\_\_ Int. by \_\_\_\_\_ Date Iss'd \_\_\_\_\_ Student Acct \_\_\_\_\_

***C.H.A.M.P.S. - Supporting Music Education in Swansea, Massachusetts***