

# DeLand HS Band- Financial Responsibility Form 2023-2024 (Instrumentalist)

Student Name: \_\_\_\_\_ Alpha ID: \_\_\_\_\_

**Please select ONE of the first four choices for our \$375 fair share band fees.**

\_\_\_\_\_ I choose to settle the band fee balance up front.

\_\_\_\_\_ I choose to settle the band fee balance in monthly installments described here. (\$100 by 8/18/23, \$100 by 9/29/23, \$100 by 10/31/23, \$75 by 11/30/23).

\_\_\_\_\_ I choose to settle the band fee balance in monthly installments of \$46.88 per month for eight (8) months. I/we will pay off the balance no later than 4/1/2024.

\_\_\_\_\_ I would like the BPA Treasurer/Band Director to contact me to discuss alternative options. I understand that the organization's stance is that no student should be discouraged from participation for monetary reasons.

## Additional Fees

\_\_\_\_\_ My child will be purchasing required marching shoes (\$40) during band camp.

\_\_\_\_\_ I will need to use a school owned instrument during the school year (including percussion). There is a \$50 fee per semester for rental and includes all instruments needed. Please include a separate payment for this denoting "instrument rental" on the check or envelope.

\_\_\_\_\_ My child will be participating in Jazz Band (\$50 class fee).

## Donations

\_\_\_\_\_ I would like to sponsor a child's band fees for the year (\$375).

\_\_\_\_\_ I would like to sponsor a child's marching shoes for the year (\$40).

\_\_\_\_\_ I would like to make a monetary donation to help the program as a whole.

## Discounts (choose ONLY ONE)

\_\_\_\_\_ I have another student participating in the DeLand High School Band. You will receive a \$50 discount per subsequent student. (students 2, 3, 4, etc).

Name(s) \_\_\_\_\_

\_\_\_\_\_ I choose to pay my band fee balance by the end of August to receive a \$50 discount.

**\*\*Students with outstanding band fees will not be allowed to participate in extra functions such as FSU Band Day, optional travel, and the band banquet.\*\***

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the best means to contact you if necessary.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_