## **DeLand High School Band- Financial Responsibility Form 2023-2024 (Guard)**

Student Name:	Alpha ID:
Please select ONE of the first four choices for our \$375 fair	
I choose to settle the band fee balance up front.	
I choose to settle the band fee balance in monthly by $9/29/23$ , \$100 by $10/31/23$ , \$75 by $11/30/23$ ).	installments described here. (\$100 by 8/18/23, \$100
I choose to settle the band fee balance in monthly months. I/we will pay off the balance no later than 4/1/2024	
Please select ONE of the first four choices for our \$350 wint	terguard assessment.
I choose to settle the winterguard fee balance up	front.
I choose to settle the winterguard fee balance in r 12/15/23, \$100 by 1/19/24, \$100 by 2/16/24, \$50 by 3/15/2	• • • • • • • • • • • • • • • • • • • •
I choose to settle the winterguard fee balance in r months. I/we will pay off the balance no later than 3/15/202	monthly installments of \$43.75 per month for eight (8)
Additional Fees	
My student will be purchasing required marching	shoes for \$40.
Donations	
I would like to sponsor another student's band fai	r share fees for the year (\$375).
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 subsequent student. (students 2, 3, 4, etc).	d High School Band. You will receive a \$50 discount per
Name(s)	
I choose to pay my entire balance by the end of A	ugust 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:	