

# DeLand High School Band- Financial Responsibility Form 2026-2027 (Guard)

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

**Please select ONE option for the \$800 fair share colorguard fees.**

\_\_\_\_\_ I choose to settle the full colorguard fee balance up front (\$800 due now).

\_\_\_\_\_ I choose to settle the band fee balance in monthly installments described here. (\$200 by 8/14/26, \$200 by 9/30/26, \$200 by 10/30/26, \$200 by 12/1/26).

## **Additional Fees (check if needed)**

\_\_\_\_\_ My student will be purchasing the required marching shoes for \$45.

\_\_\_\_\_ My student will be purchasing the required jacket for \$60 (estimated cost).

## **Donations**

\_\_\_\_\_ I would like to make a monetary donation to help with another student's colorguard fees for the year.

\_\_\_\_\_ I would like to make a monetary donation to help "Feed the Band."

## **Discounts (choose ONLY ONE)**

\_\_\_\_\_ I have another student participating in the DeLand HS Band. You will receive a \$50 discount per sibling.

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

\_\_\_\_\_ I choose to pay my entire 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 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: \_\_\_\_\_