

# DeLand High School Band- Financial Responsibility Form 2024-2025 (Guard)

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 8/16/24, \$100 by 9/27/24, \$100 by 10/25/24, \$75 by 11/22/24).

**Please select ONE of the first four choices for our \$400 winterguard assessment.**

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

\_\_\_\_\_ I choose to settle the winterguard fee balance in monthly installments described here. (\$100 by 12/13/24, \$100 by 1/17/25, \$100 by 2/14/25, \$100 by 3/13/25).

## Additional Fees

\_\_\_\_\_ My student will be purchasing required marching shoes for \$40.

## Donations

\_\_\_\_\_ I would like to sponsor another student's band fair share fee for the year (\$375).

\_\_\_\_\_ I would like to sponsor another student's winterguard fee for the year (\$400).

\_\_\_\_\_ 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 High School Band. You will receive a \$50 discount per subsequent student. (students 2, 3, 4, etc).

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 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: \_\_\_\_\_