**Lightning Music Department**

**2019 – 2020 Registration and Payment Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fee Schedule**

\_\_\_\_\_ Band Fee $200

\_\_\_\_\_ Work Bond $50 (Refundable Work Bond after 4 events are

satisfied. Nonrefundable if not met.)

\*\*This includes all instrumentalist and guard members.

**Additional Ensemble Fees**

\_\_\_\_\_ Indoor Guard $75.00

**Additional Required Clothing Fees**

\_\_\_\_\_ Marching Shoes $32.00 – Same cost for both guard and instrumentalist

\_\_\_\_\_ Band T-Shirt $10.00 – To be worn under band uniform.

\_\_\_\_\_ Gloves Band $4.00 – Two pair are recommended. Percussion does not wear gloves.

\_\_\_\_\_ Gloves Guard\* $14.00 – Color Guard only.\*

**Total Due: \_\_\_\_\_\_\_\_\_\_\_ minus Fair Share Credit of \_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_ (Please make check payable to LSHS Band Parents Association)**

I understand that my child will not be issued a uniform until all fees are paid or a payment plan agreement has been reached with the LSHS band Parents Association.

\_\_\_\_\_\_ A) Paid in full by August 9, 2019

\_\_\_\_\_\_ B) Payment Plan: $50.00 May 30, 2019 $25 **late fee** after 5/30/19

$50.00 August 9, 2019 $25.00 August 9, 2019

$50.00 August 23, 2019 $25.00 August 23, 2019

$50.00 September 6, 2019 $25.00 September 6, 2019

$50.00 September 20, 2019 $25.00 September 20, 2019

I agree to make an initial payment of $50.00 followed by four installment payments every two weeks as listed above until balance is paid in full.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_