Marching Band Commitment Form

Student Information-Please Print

First Name _____ Last Name _____ Birth Date _____

Home Address _____ _____ Male _____ Female

City, State, Zip _____ Grade: _____ 8

_____ 9

Home Phone _____ Cell Phone _____ _____ 10

_____ 11

Email Address _____ _____ 12

T-Shirt Size (Adult Sizes): _____ XS _____ L Instrument: _____

_____ S _____ XL

_____ M _____ XXL

Parent/Guardian Information-Please Print

Mother's First Name _____ Mother's Last Name _____ Father's First Name _____ Father's Last Name _____

Mother's Home Phone _____ Mother's Cell Phone _____ Father's Home Phone _____ Father's Cell Phone _____

_____ Check here if mailing address is same as student _____ Check here if mailing address is same as student

Mother's Home Address _____ Father's Home Address _____

City, State, Zip _____ City, State, Zip _____

Mother's Email Address _____ Father's Email Address _____

Marching Band Fee Payment Plan and Refund Policy

6/1/2017	_____	$50.00
7/1/2017	_____	$50.00
8/1/2017	_____	$50.00
9/1/2017	_____	$50.00
10/1/2017	_____	$50.00
Total Fees		**$250.00**

ALL CANCELLATIONS: Prior to August 1, 2017- Student will receive a full refund of any band fees paid. After August 1, 2017 - No refunds will be issued .

If you have a hardship and/or require additional payment options, please contact Stacie Julian at sjulian.rchsband@gmail.com or (336)932-0278.

Payment and Participation Agreement

By signing this form, you are agreeing to particpate in the RCHS Cougar Marching Band for the 2017 Fall season. As a student member of this ensemble, it will be your responsbility to attend all scheduled camps, rehearsals, parades, football games, community performances and competitions. Please understand that this is an extra-cirriculr activity outside of regular school functions and public school funded programs. In addition to participating, you are agreeing to pay the fees, which are outlined above, and fully understand the RCHS Cougar Band Boosters Refund Policy

Parent/Guardian Signature _____ Student Signature _____ Date _____

Please mail completed form and payments to: RCHS Band Boosters, PO Box 326, Wentworth, NC 27375