Aloha High School Warrior Band Program
FEE AND PAYMENT INFORMATION

WBAPI USE ONLY
Amt:
Date
#

Student Name: _____ Student Email: _____

Parent/Guardian Name(s): _____Email:_____

To ensure that our instrumental program provides a good experience, all participants are expected to pay a participation fee and to participate in fundraising programs. Aloha High School has the **lowest** Marching Band/Color Guard program fees in the Beaverton School District. Unfortunately scholarships are not available. Complete this form and return it on **Monday, August 14.**

	PROGRAM	Fee	Amount
❑	Symphonic Band (Class) (SB) Instrument: _____	$85*	*Paid to Aloha HS during Warrior Days*
❑	Wind Ensemble (Class) (WE) Instrument: _____	$85*	*Paid to Aloha HS during Warrior Days*
❑	Jazz Band (Class) Instrument: _____	$85 *if not in SB or WE*	*Paid to Aloha HS during Warrior Days*
	Class Fees, collected by the school, are mandated by the Beaverton School District for all activities. They help pay for instruments, sheet music, and other classroom experiences.		
❑	Marching Band ($300 total) Marching Band shoes & gloves Instrument: _____	$250 $50	$ 300
	Marching Band fees help pay for uniforms, competition travel expenses including registration fees, transportation and some meals. Participants keep their shoes and gloves at the end of the season; if well cared for this year, they may be reused next year		
❑	Color Guard fee ($300 total) Color Guard shoes Color Guard gloves	$250 $35 $15	$ 300
	Color Guard fees help pay for competition travel expenses including registration fees, transportation and some meals. Participants keep their shoes at the end of the season		
		TOTAL to Warrior Band	$

Uniforms will not be issued until payment or payment plan is confirmed.

PAYMENT OPTIONS:

❑ **Pay in full by August 19** (preferred)

If paying fees all at once is an extraordinary hardship on your family, we can automatically debit your checking or credit card account

❑ **Pay in equal monthly installments via credit card or checking account debit (choose one)**

❑ **4** @ $75 ❑ **10 @** $30 **First payment due by August 21;** future payments will be on/about the **20th** of each month

Pay via:

❑ Check, payable to Warrior Band ❑ Debit my checking account *(copy of void check attached)* ❑ Credit Card:

Name as it appears on card: _____

Billing address for card: _____

Card type ❑ VISA ❑ Mastercard ❑ Discover

Card Number: _____ CCV #:_____ Expiration date: _____

Please sign below, indicating you understand and agree to the terms of this contract.

_____ _____ _____

Name (please print) Signature Date

Phone # (for payment questions): _____