

Student First Name _____ Student Last Name _____

2017 – 2018 The Colony Band Booster Club
LVMS Band Fee Payment Plan Contract

OPTIONAL

Total Band Fees due (as indicated on Form 4)	\$.00
½ of the Band Fees paid by September 8, 2017	\$.00
¼ of the Band Fees paid by October 6, 2017	\$.00
¼ of the Band Fees paid by November 3, 2017	\$.00

- I agree to pay the Band Fees on the schedule above.
- I understand that a late fee of \$20.00 may be applied to my account if the balance is not paid in full by November 17, 2017.
- I understand that a \$20.00 late fee may be applied each month thereafter on the third Friday of the month (starting in December) until all Band Fees are paid in full.
- I acknowledge that no verbal amendments to this agreement have been made and that any changes to this agreement must be made in writing and must be agreed to by both parties.

By signing below, I understand that the payment schedule listed above constitutes a binding agreement with The Colony Band Booster Club.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

TCBBC Officer Signature: _____ Date: _____

TCBBC Officer Name: _____
(please print)

If these arrangements cannot be met, you must contact the Head Director and TCBBC President to work out other arrangements.