

Student First Name _____

Student Last Name _____

**2023 – 2024 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 22, 2023	\$.00
¼ of the Band Fees paid by October 20, 2023	\$.00
¼ of the Band Fees paid by Nov 15, 2023	\$.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 December 15, 2023.
- I understand that a \$20.00 late fee may be applied each month thereafter on the third Friday of the month (starting in January) 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.