

Student First Name _____ **Student Last Name** _____

**2024 – 2025 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 20, 2024	\$.00
¼ of the Band Fees paid by October 18, 2024	\$.00
¼ of the Band Fees paid by Nov 15, 2024	\$.00

- I agree to pay the Band Fees on the schedule above.
- I understand that my student will not be able to participate in the optional paid activities outside of class if the balance is not paid in full.
- I understand that restricted participation will only be lifted after a payment plan has been arranged and submitted.
- 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.