

Lakota West Marching Band



Marching Band Participation Payment Plan Agreement

Fall - 2013

By signing below, I _____, agree to fulfill my requirements for participation fees owed to the Lakota West Marching Band. I fully understand that failure to make any payment will result in denial of participation for my son/ daughter.

Student: _____ MB or Guard: _____

Parent/ Guardian: (PRINT) _____

Parent/ Guardian: (SIGNATURE) _____

Band Director (SIGNATURE) _____ Date: _____

Payment Plan: Preferred payment increments are set at \$125.00 (1x) and \$120.00 (2x). Each Payment paid in full or until remaining fee balance is paid.

<u>Date Due</u>	<u>Amount</u>	<u>Date Paid</u>
#1 Sept. 6, 2013	#1 \$125.00	#1
#2 Sept. 20, 2013	#2 \$120.00	#2
#3 Oct. 4, 2013	#3 \$120.00	#3