

Student Name: _____ Grade: _____



Color Guard Marching Band Fee Sheet

LHHS 2017-2018

Example Only

Color Guard Student Band Fee (Select either **Returning** or **New**): \$ _____

Returning LHHS Band Student Fee -- \$321.00 -- includes:

- Operations fee for all summer camp and fall marching expenses
- Meals for ALL football games and marching contests
- Guard uniform, gloves, shoes

____ Using Optional Extended Payment Plan? (Complete separate agreement form) **\$64.20*** min. monthly

New LHHS Band Student Fee -- \$421.00 -- includes:

- Same items as for Returning members above, PLUS:
- New uniform items: Guard uniform
Black, band-logo t-shirt and shorts (the "under uniform")
Shoes
Gloves (2 pair)
Monogrammed guard accessory bag
Water jug

____ Using Optional Extended Payment Plan? (Complete separate agreement form) **\$84.20*** min. monthly

Uniform Replacement Items for Returning Members, if needed (Payment due at registration)

- Black band logo t-shirt (under uniform) Size: _____ QTY: _____ @ \$12 each \$ _____
- Black band logo shorts (under uniform) Size: _____ QTY: _____ @ \$10 each \$ _____
- Water jug QTY: _____ @ \$10 each \$ _____
- Guard accessory bag (Monogram Name: _____) QTY: _____ @ \$40 each \$ _____

Spirit Items (Payment due at registration):

- Photo Button - Qty: _____ Photo Magnet - Qty: _____ QTY: _____ @ \$ 5 each \$ _____
- Marching Show Shirt Size: _____ QTY: _____ @ \$12 each \$ _____
- "Wildcat Band, Est. 1964" Gray T-Shirt Size: _____ QTY: _____ @ \$10 each \$ _____
- "Lake Highlands Wildcat Band" Hoodie Size: _____ QTY: _____ @ \$20 each \$ _____
- "Lake Highlands Wildcat Band" Tank Size: _____ QTY: _____ @ \$10 each \$ _____
- "Wildcat Band Mom" Bling Shirt Size: _____ QTY: _____ @ \$20 each \$ _____
- _____ QTY: _____ @ \$ _____ each \$ _____
- _____ QTY: _____ @ \$ _____ each \$ _____

Charitable Donation to LHABC (Tax-deductible) Check if your company matches donations. \$ _____

TOTAL AMOUNT DUE: \$ _____

Below to be completed by LHABC only:

Using Optional LHABC Extended Payment Plan? Yes No ***1st Payment (due 8/5/17):** \$ _____

Cash **Check #** _____ **Credit/Debit Card** **TOTAL AMOUNT PAID:** \$ _____

(Checks payable to LHABC)