

Heritage Hills Band/Colorguard Payment Plan Form

Each member and their legal guardian must sign the following contract. By signing you are stating that you have read, understand, and have chosen a Fair Share payment plan. Please read thoroughly, any questions should be addressed to Mr. or Mrs. Dossett.

As a member of the 2024-2025 Heritage Hills Band programs, you must pay a fair share fee of \$250 (\$200 for 8th grade) for the season with the following minimum concessions obligation:

- **1 band member families: 4 Football Games, 3 Basketball Games**
- **2+ band member families: 6 Football Games, 5 Basketball Games**

This year, we will also offer a “buy-out” fee of \$500 (\$400 for 8th grade) if you are unable to volunteer for concessions. These fees help to pay for travel, the design of the show, meals & snacks during camps, additional instructional staff, props, entry fees, and much more.

Please sign your initials on the line of the payment option that applies to the student.

_____ I will pay for my student’s fee in full (\$250/\$200) to the band boosters by **July 15th, 2024** and agree to work at least my minimum concessions obligation. I understand that if I do not fulfill this obligation, I will be required to pay the fee of a non-volunteer.

_____ I will pay for my student’s fee in full (\$500/\$400) to the band boosters by **July 15th, 2024**, and will not be volunteering in the concessions area during the 2024-2025 school year.

_____ I would like to enroll in a payment plan to pay my student’s fees. In doing so, I agree to the following payment plan schedule:

- **First half Payment due by July 15th, 2024**
 - This payment is to ensure your child is written into the drill
- **Second half Payment due by August 15th, 2024**
 - Full payment must be completed by to ensure your child is able to participate with the Heritage Hills Marching Patriots

_____ I am submitting a scholarship request form along with this agreement. This form is due to the band boosters no later than **July 15th, 2024**. (Please note that scholarship availability is limited.)

In order to march in the Heritage Hills Band programs, members are required to adhere to the selected payment plan above. Please read thoroughly and sign your initials on the line next to each statement stating that you understand each item.

_____ I understand that I must pay my fees according to the payment plan I/we have selected. Failure to do so will result in being prohibited from participating with the Heritage Hills Marching Patriot.

_____ I understand that I must pay my band fees according to the provided payment schedule and that if my obligation is not met, I may not participate in any subsequent band activities, including Winter Ensembles, until my account is made current.

Parent Name: _____

Parent Signature: _____ Date: _____

Student Name: _____

Student Signature: _____ Date: _____

Heritage Hills Band/Guard Scholarship Request Form

This form, along with your signed and filled out payment plan form, is to be placed in a sealed envelope along with your student's name written on the outside and returned to the Heritage Hills Band Boosters no later than **July 15th, 2024**. You will be notified if your request was accepted through letter or email.

Student Name: _____

Parent Name: _____

Please identify which program your student is participating in (middle or high school):_____

Please give a brief summary of your request for a scholarship:

Please tell us how much you are able to pay towards your student's fees at this current time:

\$ _____

Please initial next to the statement below:

_____ A part of contributing to my child's funds through a scholarship will be in the form of additional concession work above the mandatory games and committee obligations. I understand I may also be asked to help with other activities, such as chaperoning, helping with the annual band banquet, helping with the Dessert Cabaret, etc. I am willing to participate in these activities in exchange for support from the Heritage Hills Band Boosters for my student's fees.

_____ I understand that if the terms of my scholarship are not met, I will be immediately responsible for the full fee (Volunteer Fee level if I have worked the required games for Basketball & Football, Non-volunteer fee level if I have not worked the mandatory number of games). I further understand that I will not be eligible for any future scholarships if I violate the terms of any scholarships received.

Parent Signature: _____

Date: _____

FOR BOOSTER USE ONLY BELOW THIS LINE

_____ **Approved**

_____ **Not Approved**

Action Plan:

Booster Signature: _____

Director Signature: _____