



2014 MARCHING STALLIONS COMMITMENT FORM

**FORM AND 1st
PAYMENT DUE
JUNE 23**

Fairfax County Student Identification Number _____		Email Address _____					
First Name _____	Last Name _____	Grade (Fall 2013)	9	10	11	12	
Home Address _____		Male	Female	Birth date _____			
City, State, Zip _____		T-Shirt Size (Adult Sizes)		S	M	L	XL
Home Phone _____	Cell Phone _____	Shoe Size: Male _____		Female _____			

Mother's First Name _____		Mother's Last Name _____		Father's First Name _____		Father's Last Name _____	
Mother's Home Phone _____		Mother's Cell Phone _____		Father's Home Phone _____		Father's Cell Phone _____	
<input type="checkbox"/> Check here if mailing address is same as address above				<input type="checkbox"/> Check here if mailing address is same as address above			
Mother's Home Address _____				Father's Home Address _____			
City, State, Zip _____				City, State, Zip _____			
Mother's Email Address _____				Father's Email Address _____			

2014 SCHS Marching Band Payment Plan

_____ - June 23th - \$100 Summer Fee

_____ - July 15th - \$150

_____ - August 11th - Remainder - TBD

ALL CANCELLATIONS: Before July 15, 2014- SCHS Band Boosters will keep \$100 Non-Refundable Commitment Cost, refunding balance paid. After July 15, 2014- SCHS Band Booster will keep 100% Commitment Fee and any additional fees paid, no refunds.

Any cancellation after **August 1, 2014** will incur a drill rewrite fee of \$200

All checks must be made payable to: **SCHS Band**

Parents - I/We would like to volunteer in the following areas (Circle all that apply)

- | | | | | | |
|---------------------------|-------------|-------------|-------------|-----------------------|-------------|
| Administrative/Data Entry | Bookkeeper | Chaperones | Color Guard | Corporate Sponsorship | |
| Equipment | Fundraisers | Hospitality | Spirit Wear | Uniforms | Twilight 5K |

By signing this form, you are agreeing to participate in the South County High School Marching Band for the 2014-15 season and to the policies outlined. As a student member of this performing ensemble, it will be your responsibility to attend all scheduled camps, rehearsals, community performances and competitions. Please understand this is an co-curricular activity and your monetary support is necessary for the success of the program. In addition to participation, you are agreeing to pay the costs associated with this activity, which are outlined above, and fully understand the SCHS Band Boosters Refund and Cancellation policy

Parent/Guardian Signature

Student Signature

Date