EVHS MARCHING BAND AND COLOR GUARD
Membership Fee and Registration Form

Student Name: _____ Grade: _____

Group (circle one): Concert Band Symphonic Band Wind Ensemble Orchestra

Address: _____ Phone #: _____

Email: _____ (student)

_____ (parent)

Adult T-Shirt Size: _____ Tennis Shoe Size (please double check): _____

Description	**Amount Due**
2009-2010 EVHS Marching Band Fee -- $550.00 Required For All Marching Band and Color Guard Students – Fee is used to cover expenses such as equipment, instructor salaries, transportation, uniforms, hospitality, entry and association fees, etc.	_____
Marching Shoes (musicians and guard) **-- $30.00** Required for all **new** Marching Band members and returning students who **need** new shoes.	_____
Discounts:	
$28 (5% off $550 fee) if paid in full by 9:00 a.m. on 8/17/09 (first day of Band Camp).	- _____
$55 (10% off $550 fee) if more than one student in a family is in Marching Band.	- _____
TOTAL DUE	**$**_____

Please make all checks payable to EVHS Band Boosters. Make sure the student's name and "Marching Band Fees" is on the check. Membership form and payment must be turned in no later than FRIDAY, AUGUST 21st, 2009. Please contact Mr. Barnhill or the EVHS Band Boosters Treasurer if you are unable to remit payment by the due date.

Please carefully read the following statements and circle the appropriate response:

YES NO I understand that when participating in EVHS Marching Band/Color Guard activities, the above named student may be photographed for print, video, or electronic imaging, and that the images may be used in various published formats for the EVHS Instrumental Music Program. I acknowledge that the images will be the sole property of the EVHS Instrumental Music Program.

By signing below I am acknowledging that all payments made to the Evergreen Valley High School Band Boosters are non-refundable, and there will be a $25 fee added to all returned checks.

Parent Name (please print): _____

Parent Signature: _____ Date: _____/_____/_____

Contact: Mr. Barnhill at 347-7034 or Barnhills@esuhsd.org

Office Use Only

Date Payment Received: _____ Cash / Check #: _____