

Spoto High School Band Program

2017-18 Student Registration Form

Student ID#: _____

Last: _____ First: _____ Instrument/Section: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Student Cell #: _____

Student Email (print clearly): _____

2016-17 Grade (circle one): 9 10 11 12

Middle School Attended: _____

Will you be renting an instrument from Spoto HS? YES or NO

(Instruments available for rent are on a first come, first served basis) There is a \$42.80 annual instrument rental fee charged by HCPS.

T-Shirt Size: YL S M L XL 2XL

Gym Shorts Size: YL S M L XL 2XL 3XL

Primary Contact Parent Information (Please Print Clearly):

Parent / Guardian: _____

Phone #s: Home: _____ Cell: _____

May the Band Boosters contact you at these numbers? Yes or No

Address (if different from above): _____

Parent Email (print clearly): _____

Second Parent/Household Information (Please Print Clearly):

Parent / Guardian: _____

Phone #s: Home: _____ Cell: _____

May the Band Boosters contact you at these numbers? Yes or No

Address (if different from above): _____

Parent 2 Email (print clearly): _____

Summer Absences

Will you be missing any of the summer rehearsals? Missing part of the Summer Rehearsals may limit your student's involvement in the first portion of the marching show.

Date(s) _____

Reason: _____

Spoto High School Band Program

2017-18 Spartan Marching Band Contract

Print Student Name (Last, First): _____

I, _____ have read the SMB calendar and fee information and understand

Student Signature

the dedication, time and commitment that it will take to be a member of the Spartan Marching Band. I understand that by turning in this sheet I will meet **all** responsibilities of the Spoto Band Program. This sheet and the first Band Fee payment assure my position in the custom show and the financial obligation for my spot.

Date: _____

Parent Agreement

I have read the SMB calendar and fee information and understand the expectations and financial obligations that I must meet to allow my student and the band program to be successful.

I will make every attempt to make sure that my student is at *ALL rehearsals and performances on time and understand that absences and tardiness will negatively affect their grade.*

I understand that all band fees are non-refundable and that I am responsible for their full payment by their deadline. Furthermore, I understand that I will be charged a late fee for band fees not submitted on time. If I have issues that prevent me from meeting the deadlines, I will contact Mr. Crane to determine an alternate payment plan.

I understand that the Spoto Band Program **cannot** function without fees being paid on time. Fees covering instructors, music, drill, transportation, competitions, etc. are necessary to the overall function and success of our program. Please, help us continue to be successful.

I will make the necessary efforts to meet all obligations in a timely fashion.

Print Signing Parent's Name: _____

Parent Signature _____ Date: _____