



JL Mann Band Boosters

Application for Fall Marching Season Payment Plan or Waiver

All Payment Plans and Waivers are Confidential

Date: _____

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____

Email: _____ Phone: _____

Please check one:

Payment Plan: I am requesting a **payment plan** for the Fall Marching Season Band Booster Fair Share. I will pay the full Fair Share over the ensemble's season.

Please indicate date and amount of payments you expect to make:

	Date	Amount
First payment:	_____	_____
Second payment:	_____	_____
Third payment:	_____	_____

Waiver: I am requesting a **waiver** of the Fall Marching Season Band Booster Fair Share.

I can pay (select one): Reduced Amount of \$_____ None

Please indicate reason for waiver:

Families on Waivers or Payment Plans are expected to satisfy normal Fundraising Requirements.

Parent/Guardian Signature: _____

Board Use Only		
Director Recommendation:	Board Decision:	<input type="checkbox"/> Waiver Approved
Comments:		<input type="checkbox"/> Waiver Denied
Authorizing Signature: _____		Date: _____