

Soddy-Daisy High School Band Fee Commitment Financial Agreement 2024-2025

As explained in the Soddy-Daisy High School Band Handbook, each band family is responsible for paying their “Fair Share” or Band Fee for the 2024-2025 season. This financial commitment covers part of the operating costs of the Band Program. **By signing this document, you are agreeing to pay the Band Fee and follow the schedule indicated below. By signing you also realize that your student’s participation could be affected by not following this schedule to settle this commitment.**

Payment Schedule for Band Fees for 2024-2025

TOTAL BAND FEES: \$500 all band members (including color guard)
\$250 non-marching members (athletic exemption must be pre-approved by director)
Discounts: \$50 if paid in full before July 31
\$25 multiple student discount (per child after 1)

Payment Date	Band Fees Total Due
July 31	\$100
August 31	\$100
September 30	\$100
October 31	\$100
November 30	\$100
DECEMBER 31	ALL FEES PAID

Please be prompt with your Band Fee Payments. Payments may be made at the Drop In Day on July 14th, Online via School Payments through our website, or mailed to:

**Soddy-Daisy HS Band
618 Sequoyah Rd.
Soddy-Daisy, TN 37379**

Please mark (X) the indication for your payment preference below:

- I am submitting full payment with this form at registration
 I will pay online by credit/debit card at <https://www.sdhsband.org/band-fee-payments.html>
 I am requesting to be invoiced via email and will ensure my payment is received by the date indicated (please insert email address) _____

We/I the undersigned, agree to pay the Band Fee or “Fair Share” Financial Commitment as per the schedule above. We/I understand that the undersigned will not be allowed to make any trip payments until full payment of the Financial Commitment has been collected. We/I understand that non-payment of the Financial Commitment could result in my student not being allowed to participate until payment is collected.

Student’s Full Name: _____

Parent or Guardian: _____

Printed Name
Signature
Date

TENNESSEE NOTARY ACKNOWLEDGEMENT

State of Tennessee
County of Hamilton

On this ____ day of _____, 20____ [Day/Month/Year], before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that such person executed the same as such person free act and deed.

Witness my hand, at office, this ____ day of _____, 20____.

Notary’s Signature

My commission expires: _____