

2010-2011 Southeast High School Marching Noles Payment and Registration Form

Payment Options for Marching Band "Fair Share" Fees \$325 Champs Bowl Trip Fees of \$450

(* \$325 Marching Band Fee does not include mandatory school insurance or new band shoes.)

A \$50.00 non refundable deposit/Marching Camp fee is due at Registration which will be considered your first payment

Option #1 Pay in full. Make \$775 check payable to SIMBA. Due before July 1, 2010
(Plus \$25 school insurance, due first day of August band camp. Make check payable to Southeast High)

Option #2 Installment Payments

1 st payment at Registration (non refundable)	\$50 (\$25 Band Fee /\$25 Trip Fee) Due May 14, 2010 (with signed paperwork)
2 nd Payment	\$125 (\$75/\$50) Due June 1, 2010
3 rd Payment	\$120 (\$75/\$45) Due July 1, 2010
4 th Payment	\$120 (\$50/\$70) Due August 1, 2010
<u>(Plus \$25 school insurance, due first day of August band camp. Make check payable to Southeast High)</u>	
5 th Payment	\$120 (\$50/\$70) Due September 1, 2010
6 th Payment	\$120 (\$25/\$95) Due October 1, 2010
7 th Payment	\$120 (\$0/\$120) Due November 1, 2010

*After the 10th of each month, a \$15 late fee will be charged.

No refunds will be given after the season starts, which is the first day of band camp in August.)

*Please note that there will be a \$25.00 fee assessed on all returned checks.

Payment choice #1 form is below. Fill out and turn in with complete payment.

Payment choice #2 coupons are on the next page.

------(Keep the above portion for your records)-----

PAYMENT OPTIONS CHOICE #1

Student Name: _____ DOB: _____

Address: _____ Home Phone: _____

City, ZIP: _____ Work Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian e-mail: _____

Marching Instrument	Concert Instrument(s)	Guard	Dance
_____	_____	_____	_____

_____ Paid in full - \$775.00..
(Plus \$25 school insurance, due first day of August band camp. Make check payable to Southeast High)

Please complete this form and remit payment to:

SIMBA, P.O. Box 20775, Bradenton, FL 34204-0775

PAYMENT OPTIONS CHOICE #2 ~ Coupons

7th (FINAL) Payment: Drop in safe in band room or mail to: SIMBA, P.O. Box 20775, Bradenton, FL 34204

Student Name _____ \$120.00 Due: November 1, 2010
_____ \$135.00 After November 10, 2010

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

6th Payment: Drop in safe in band room or mail to: SIMBA, P.O. Box 20775, Bradenton, FL 34204

Student Name _____ \$120.00 Due: October 1, 2010
_____ \$135.00 After October 10, 2010

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

5th Payment: Drop in safe in band room or mail to: SIMBA, P.O. Box 20775, Bradenton, FL 34204

Student Name _____ \$120.00 Due: September 1, 2010
_____ \$135.00 After September 10, 2010

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

4th Payment: Drop in safe in band room or mail to: SIMBA, P.O. Box 20775, Bradenton, FL 34204

Student Name _____ \$120.00 Due: August 1, 2010
_____ \$135.00 After August 10, 2010

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

3rd Payment: Drop in safe in band room or mail to: SIMBA, P.O. Box 20775, Bradenton, FL 34204

Student Name _____ \$120.00 Due: July 1, 2010
_____ \$135.00 After July 10, 2010

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

2nd Payment: Drop in safe in band room or mail to: SIMBA, P.O. Box 20775, Bradenton, FL 34204

Student Name _____ \$125.00 Due: June 1, 2010
_____ \$140.00 After June 10, 2010

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

1st Payment (\$50) & Registration Form. Turn in at Band Registration on May 14, 2010.

Please remit coupon with payment. Make check payable to **SIMBA**. There will be a \$25.00 fee assessed on all returned checks.

Student Name: _____ DOB: _____

Address: _____ Home Phone: _____

City, ZIP: _____ Work Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian e-mail: _____

Marching Instrument	Concert Instrument(s)	Guard	Dance
_____	_____	_____	_____