

# Springstead Winter Guard

## Winter Guard Fees 20\_\_ - 20\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Please make checks payable to SHS Band. Include your students name and school ID# on check.

<b>Winter Guard Fees:</b>	<b>\$255.00</b>
<i>(Includes)</i> Equipment	
Team Entry Fees	
Instructor	

### Winter Guard Uniform Fees

Uniform (subject to change yearly):	\$85
Gloves (if applicapble):	\$15.00
T-shirt	_____ x 15.00

**Total:** \_\_\_\_\_

I agree to pay the above Winter Guard fees by the end of season. If I can not financially afford to pay the fees I agree to particpate in fundraisers or obtain sponsors to cover the cost of my student's fees.

Parent Signature: \_\_\_\_\_