



Annandale High School Band Boosters

2017 Away Retreat Financial Assistance Request Form

Please know that your financial assistance request is one that will be kept confidential between your family, Band Boosters' officers, and the band director. The Band Boosters organization is here to support the learning of all students and we strive to support our students and families as necessary.

Student Name: _____ **Parent Name:** _____

I agree to pay \$100 deposit by June 23, 2017. I will pay \$ _____ by August 7, 2017, the first day of band camp and request financial assistance to cover the balance owed. (AHSBB will not award more than half of the away retreat fee.) Hand in this form to Mr. Witkowski – a limited number of scholarships are available and will be taken on a first come first served basis.

Student and parent please initial before each of the following statements:

_____ I agree to **participate in all fundraisers** provided by the Band Program.

_____ I agree to **volunteer my time and talents** whenever possible to support band activities.

Here are the volunteer duties I am willing to participate in (Check all that apply):

Activity	
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Atoms Senior Night
<input type="checkbox"/> Uniform Fittings	<input type="checkbox"/> Battle of the Bands
<input type="checkbox"/> Uniform Room (help students)	<input type="checkbox"/> Awards Night
<input type="checkbox"/> Chaperone	<input type="checkbox"/> Kick Off Night

Please sign the following statement:

I agree to the terms and conditions listed on this form. I realize that I/my student may not be eligible for assistance in the future if these terms are not carried out in full.

Student Signature

Parent Signature

Parent phone: _____

Parent email: _____