



Cross Timbers MS Band 2019-2020
Fee Sheet - Honors Band

(Student Name/Instrument)

BASE FEE

The base fee is **REQUIRED** for all members of the band and includes the following:

_____ **BASE FEE**
\$100

- 2019-2020 Band T-shirt
- Spring Competition Entry
- Clinician Fee
- District/Region Entry Fees
- Solo Contest Entry Fees
- Ensemble Contest Entry Fees
- Accompanist Fees
- Concert Recording Fees
- Post-Contest Season Social
- ... and other miscellaneous costs that GCISD does not cover for our program

*If we were to add up the individual costs of all of these itemized fees, the total would **EXCEED \$100**, but we rely on fundraising to cover the difference.

TOTAL BASE FEE:	\$100
	(adult sizes)
S M L XL XXL	
	(circle your t-shirt size)

ADDITIONAL ITEMS

The following items are **REQUIRED** for new members, and available as options for returning members.

_____ **BLACK TUXEDO SHIRT**
\$24 sizing will take place at a later date

_____ **BLACK CONCERT PANTS**
\$28 sizing will take place at a later date

TOTAL ADDT ITEMS:
\$ _____

GCISD INSTRUMENT RENTAL FEE

This fee is **REQUIRED** for all GCISD band students who play bassoon, bass clarinet, tenor sax, bari sax, french horn, euphonium, tuba, and percussion.

_____ **INSTRUMENT RENTAL FEE**
\$100 covers the cost of repair and maintenance of their school-issued instrument

TOTAL INST FEE:	\$ _____
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OPTIONAL ITEMS

The following items are **OPTIONAL** for all members.

_____ **BAND BOOSTER MEMBERSHIP**
\$varies (see booster membership form)

NRH20 Tickets
_____ Number of \$20 tickets
_____ Number of \$7 season pass tickets
_____ **Total NRH20 Ticket Cost**

_____ **HOODIE** (same as last year)
\$25 S M L XL XXL
(circle your sizes)

_____ **EXTRA BAND T-SHIRTS**
\$12 S M L XL XXL
(circle your sizes)

TOTAL OPT ITEMS:
\$ _____

BASE FEE:	\$100
ADDT ITEMS	\$ _____
INST RENTAL FEE	\$ _____

CASH _____	CHECK NUMBER _____	AMOUNT RECEIVED _____
<input type="checkbox"/> PAYMENT PLAN FORM FILLED OUT		



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OPTIONAL ITEMS

\$ _____

GRAND TOTAL DUE

\$ _____

CASH _____ CHECK NUMBER _____ AMOUNT RECEIVED _____

PAYMENT PLAN FORM FILLED OUT