

2021 Harrison Winter Guard Commitment Form

Commitment includes:

- Fees of \$600.00
- Members of the Harrison Color Guard commit to full participation in all rehearsals, mini camps, and SAPA and WGI competitive events

Appearance Policy: As a member of the Harrison HS winter guard, I understand that the 2021 programming may require a certain appearance in relation to the show. Facial piercings will not be allowed during performances or rehearsals, and unnatural hair colors must be approved prior to dying hair. While glasses are allowed, glass lenses pose a safety threat as color guard is a high contact sport.

Attendance Policy: All rehearsals are required, and absences must be excused prior to missing rehearsal. Students should communicate scheduling conflicts in advance to the director. A crucial part of your child's participation is obtaining the skill of time management.

Reserve Your Spot by submitting the first payment of \$150 *no later than December 1st, 2020*. This serves as your non-refundable deposit and guarantees a place with the 2021 Winter Guard!

*Accepting a role in the winter guard is a binding acknowledgement accepting financial responsibility for the services received as a participant. The service one receives is paid for via fees and fundraising.

Payment Schedule for the \$600.00 fees:

- December 1st, 2020 - \$150
- January 7th, 2021 - \$150
- February 2nd, 2021 - \$150
- March 2nd, 2021 - \$150

If you need a different payment schedule, contact the booster presidents at presidents@harrisonbands.org; the bookkeeper at bookkeepers@harrisonbands.org; or the Band Directors. We accept fees in various ways, you can use your bank's online banking system have a check mailed to us, you can pay via Paypal (with a \$5 convenience fee), you can pay via your credit card and via check.

Make sure you include the student's name and the purpose of the payment. All checks should be made payable to HHBB (Harrison High Band Boosters) and can be placed into the dropbox in the band room, or mailed to:

Harrison High Band Boosters

P.O. Box 801017

Acworth, GA 30101

GRADE _____ NAME _____

Mailing Address: _____

City: _____ Zip: _____

Student Cell _____

Student email (print) _____

Parent 1: _____

Parent 2: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Parent Signature _____

Student Signature _____