

Band Boosters Association of West Bloomfield Financial Assistance Request

Student Name: _____

Band Program (circle one): Marching Winter Percussion Winter Guard Winter Winds

Parent Name: _____

Address: _____

Home Phone Number: _____

Parent Cell Phone: _____

Email Address: _____

Our family will be able to pay \$_____ toward the fees for the above program and are requesting financial assistance from BBAWB for the remaining balance.

As a requirement of the financial assistance, I am aware that our family is required to do the following:

- Supply a minimum of one adult volunteer for the WBHS Marching Band Invitational or Field Day
- Supply a minimum of one adult volunteer for the WBHS Winter Invitational(s)
- Serve on a minimum of 1 committee

I acknowledge that if I do not meet the above requirements that my financial assistance may be modified or revoked and I will be responsible for all band program fees. I also understand that per West Bloomfield High School policies, high school registration and/or diplomas may be withheld until all fees are paid.

Parent Signature: _____

Printed Name: _____

Date: _____

If there is any additional information you feel would be helpful to your request, please attach it to this form on an additional sheet of paper.