|  |  |
| --- | --- |
| Name of Parents or Guardians: |  |
| Student (s) Name (s): |  |
| Grade (s): |  |
| Household Income: |  |
| Describe Hardship: |
|  |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Are you available to participate in any of the Band Fund Raising activities? |  |  |
| Explain: |
| How much can the family contribute towards the Band Fees? | $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |
| --- |
| **For CRHS Band Director Use Only (Mr. Butler)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Approved: |  % |  |  | Not Approved |

|  |
| --- |
| Comments: |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRHS Band Director Signature (Mr. Butler) Date