Madison Central Marching Band Contributions for 2025

I, <u>.</u>			e to contributions totaling \$850	for the 2025-2026 school year
fo	(Parent/Guardian Nar r(Student Name)	·	o the following detailed contrib	ution schedule:
\$250 \$200 \$200 \$100 \$100	Competition/BOA Competition/State Total: \$850 EARLY BIRD discount	May 15 July 1 August 1 September 1 October 1	Alternate Cont	June 2025 July 2025 August 2025 September 2025 October 2025 November 2025 December 2025 January 2026 February 2026 March 2026 April 2026 May 2026
agreement		e by the dates indicated a	nt along with the first contribution	on of \$250.00. This completed to fulfill the terms of this agreement,
There is a s	ibling discount available of 50%	to families with a second s	udent.	
cash, check		Band Boosters), on or bef	ore the due dates. The following	ntributions listed above online, or with information should be completed
Signature of Responsible Party			Print Name	
Pr	rint Student Name(s)		Email Address:	
Bil	lling Address		City/State/Zip	
Но	ome Phone	Cell Phone	Business Pho	one
M	AIL OR BRING THE COMPLETE	ED FORM WITH YOUR CO	NTRIBUTION TO:	

- Mail completed form with contribution to Madison Central Band Boosters, P.O. Box 616, Richmond, KY 40476
- Email to Madisoncentralbandtreasurer@gmail.com Drop in the lock box in the Guard Room

Madison Central Marching Band Hardship and Alternate Payment Request 2025-2026

The MCMB recognizes the difficulties sometimes created with participation in activities that involve financial obligations. We do not want any child to be denied participation in the band program due to financial difficulties. If financial difficulties arise, the MCMB, as well as Mr. Jaggie, will be happy to work with you to schedule payments that may better suit your family's needs. If a family has difficulty in meeting these payments, a written request for student sponsorship (for budgeting and fundraising purposes only) may be submitted to the Band Director, David Jaggie.

Student Name	Date
I AM REQUESTING AN ALTI monthly payments of a specified amoun	ERNATE PAYMENT PLAN. You may make that fits your individual needs.
I AM REQUESTING A HARD	SHIP.
This portion to be completed if reques	sting a Hardship: Amount requested: (options: all fees, half of fees, etc.)
Parent/Guardian's Printed Name	
Parent/Guardian's Signature	Date
David Jaggie, Director of Bands	Date

IMPORTANT: This request must be submitted to the Band Director.