

SEBASTIAN RIVER HIGH SCHOOL BAND

STUDENT/PARENT BAND CONTRACT

Revised June 08

Student Name (Please Print)

Date: _____

I have read and agree to the policies set forth by the Sebastian River High School Band Program as stated in the Sebastian River High School Band Handbook. I will do my part to help the band achieve the goals set forth by the director. I also understand that band is a full year commitment and agree to commit to the Sebastian River High School Band Program for the current/upcoming school year. I will support the program by attending regularly and by doing my fair share of the fund-raisers set forth.

Student Signature

Parent Signature

Director Signature