

RYLE HIGH SCHOOL MARCHING BAND  
ROBERT ELLIOTT, Director of Bands  
10379 US 42, Union, KY 41091  
[robert.elliott@boone.kyschools.us](mailto:robert.elliott@boone.kyschools.us)  
[www.ryleband.com](http://www.ryleband.com)

**MARCHING BAND 2016 COMMITMENT CONTRACT**

Instrument\_\_\_\_\_ Color Guard\_\_\_\_\_

Student Name\_\_\_\_\_ M or F \_\_\_\_\_

Home Address\_\_\_\_\_

DOB\_\_\_\_\_ Phone\_\_\_\_\_

Student email\_\_\_\_\_

Student will be entering Grade \_\_\_\_\_ for 2016-2017 Marching Season.

Parent Name \_\_\_\_\_ Relation to student\_\_\_\_\_

Home Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Email Address\_\_\_\_\_

Parent Name \_\_\_\_\_ Relation to student\_\_\_\_\_

Home Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Email Address\_\_\_\_\_

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As a member of the Ryle High School Bands, you are required to adhere to all of the organization's policies and procedures as well as those set forth by Ryle High School and Boone County Schools.

***Please read thoroughly and INITIAL next to each statement stating that you understand each item.***

Student Parent

\_\_\_\_\_

I have made the decision to be a member of the Ryle High School Band program.

\_\_\_\_\_

By submitting this form, I realize that my participation is expected in the 2016 marching band show. If I do not fulfill my obligation I will cause a hardship for those members who remain in the program. This form expresses my commitment to the organization.

\_\_\_\_\_

I am aware of the time commitment required. Furthermore, **I understand the importance of my attendance at *all* rehearsals and performances for their FULL duration.** I will plan my personal schedule around planned rehearsals and performances. I understand that **if my student does not have a driver's license, a parent/guardian is responsible for their transportation; the student will not be allowed to leave early.** I understand that program items may be added to the schedule throughout the year and that directors of the program will provide me with as much notice as possible. I will use my best efforts to incorporate these added items into my schedule. Unexcused absences may result in removal from marching band

\_\_\_\_\_

I will register and complete a concert band/percussion class for the 2016-2017 school year.

\_\_\_\_\_

I am aware of the financial commitment that is involved. I understand the importance of timely payment of band fees, and the need for help in fundraising efforts. *Details will be available throughout the year on fundraising opportunities.* I understand that Parent Assistance and Participation is necessary and expected for several events.

\_\_\_\_\_

I understand that a \$100 deposit (\$25 for reduced program) is required by March 15th, 2016 to reserve my spot in the marching band show. Deposits received after March 15th may result in a shared spot. All money deposited into or raised for the Ryle High School Band programs or Band Boosters is non-refundable.

\_\_\_\_\_

I have read, understand *and* will uphold the rules and regulations outlined in the Ryle High School Student Handbook and all expectations set forth by the Band Director.

\_\_\_\_\_

I am dedicated to work with every member of the band and I will strive to achieve ***Excellence*** in practice, rehearsals and performance.

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This contract is due by March 15th, 2016 with the first payment of \$100.00. By submitting this contract I hereby obligate my band student to ALL rehearsals, Performances, and related activities associated with the Ryle High School Marching Band including Pre-Season, Band Camp from July 20 to August 12, and all other summer and after school rehearsals.

**All Wind and Percussion students in the Marching Band are required to be registered for a band class for the 2016 - 2017 school year. I further commit my Band Student and/or myself to pay the total Fair Share Amount of \$600.00. Additionally, I understand that it will be necessary to purchase shoes and gloves, but that my uniform will be provided.**

Payments are due as follows, please check appropriate line:

\_\_\_\_\_ I qualify for Free Lunch Program  
\_\_\_\_\_ I qualify for Reduced Lunch Program  
\_\_\_\_\_ Not on Free/Reduced Lunch Plan

**Season Payments:**

**\$100.00 Deposit or Full Payment of \$600.00, (Reduced Program \$25.00 Deposit) with Signed Commitment Form** by March 15th, 2016 for a reserved spot in the show. Receipt after March 15th, 2016 may result in a shared spot.  
**\$100.00 (Reduced Program \$25.00)** due by May 15th  
**\$100.00 (Reduced Program \$50.00)** due by June 15th  
**\$150.00 (Reduced Program \$50.00)** by July 15th  
**\$150.00 (Reduced Program \$50.00)** by August 15th

Payments for Shoes, Gloves, State Finals and any other expenses will be collected as needed, at the discretion of the Band Director.

*\*If finances are an issue, **NO** child will be left behind. To discuss finance issues, please contact the band director, Robert Elliott, as soon as possible. This conversation will remain confidential. If mailing contract, please return to Ryle High School at the address listed above.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_