**Student Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student First Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student MISD ID#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mighty Rebel Band Assessment Information**

* Band Assessment Fee for **2018-2019** is **$500**
* **Down Payment of $250 is due by the Summer Band Parent Meeting.**
* **If a student has $250 before, or by August 1, they receive a free cinch bag.**
* Full $500 assessment is due by **October 1. Late fees of $20/month will be applied to the account if not paid in full**
* Instrument Rental Fee is **$75** for the school year per instrument.

Ways To Pay

1. Send Payment by PayPal to [LeeRebelBand@yahoo.com](mailto:LeeRebelBand@yahoo.com)
2. Pay online on [www.MightyRebelBand.com](http://www.MightyRebelBand.com) Fees and Forms page.

Online payment fee will be applied.

1. Mail Payments labeled with your child’s name/grade to:

Mighty Rebel Band

PO Box 8741

Midland TX 79708

1. Drop payment in A SEALED ENVELOPE with child’s name/grade in the secure safe box at LHS band hall or LFHS band hall. \*Never leave payments in the main school office. \*

\*\*We cannot be responsible for loose/stolen/missing payments. \*\*

1. Take advantage of our Pay in Person days.
2. Direct Credit Card Payments with Authorization Form. $5 fee per transaction will apply.

By signing below, I understand that this constitutes a binding agreement with the Mighty Rebel Band, and I agree to take care of my financial commitments.

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

Parent/Guardian Signature Date

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

Printed Parent/Guardian Name Date

**1. Band Fees are a financial commitment. All unpaid fees will carry over to the next year, and all subsequent years even if the student leaves the band program.**

**2. Band students with balances will not be considered “in good standing” and will be submitted to the school Administration. They will not able to receive a letter jacket, go on the spring trip, attend the band banquet, or receive graduation tickets.**

**3. Assessment down payment and instrument rental fees must be paid before receiving an instrument, undergarments, jugs, and meals.**

2. Bnwa22

**Recurring Credit Card Payment Authorization**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Mighty Rebel Band to charge my

(Cardholder’s Name) (Merchant’s Name)

Credit Card indicated below for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

(Amount $) (day)

each \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(week, month, etc.).

***I understand there will be a $5 handling fee for each payment \_\_\_\_\_\_\_\_\_\_\_\_\_***

**Billing Information**

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Details**

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account/CC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_ /\_\_\_\_

CVV \_\_\_\_

Zip Code \_\_\_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Mighty Rebel Band in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cardholder’s Signature)