



Lake Ridge Eagle Band Boosters

2024-2025 LRHS WINTERGUARD REGISTRATION

STUDENT INFORMATION (Please Print Legibly)

Student Last Name:	Student First Name:	Student ID:	Varsity or JV:	New to Guard?	Grade?
_____	_____	_____	_____	_____	_____
Parent 1 Last Name:	Parent 1 First Name:	Parent 1 Phone #:	Parent 1 Email:		
_____	_____	_____	_____		
Parent 2 Last Name:	Parent 2 First Name:	Parent 2 Phone #:	Parent 2 Email:		
_____	_____	_____	_____		

WINTER GUARD SUPPLIES

PURCHASE REQUIRED EACH YEAR:		Each:	Total:
Custom Designed Winter Season Uniform (Not to Exceed \$200):		TBD	
Uniform Type (circle):	Varsity Junior Varsity		
Show-Specific T-shirt		\$ 20.00	
Shirt Size (circle):	Small Medium Large X-Large		
Required Subtotal			

PURCHASE AS NEEDED EACH YEAR (Required for Students New to Guard):		Each:	Total:
Performance Blacks Uniform (2 tops & 2 bottoms):		\$ 85.00	
T-Shirt Size: _____ Capris Size: _____			
Tan Winter Season Gloves (1 pair):		\$ 20.00	
Glove Size: _____			
Flag/Rifle/Sabre Bag:		\$ 55.00	
Personalized Duffle Bag:		\$ 40.00	
Embroidered Name/Nickname: _____			
Personalized Windsuit:		\$ 110.00	
Jacket Size: _____ Pants Size: _____			
Embroidered Name/Nickname: _____			
As-Needed Subtotal			

1. "Required" Subtotal (above):	\$ + _____
2. "As Needed" Subtotal (above):	\$ + _____
3. Optional BFF Donation (Note 5):	\$ + _____
4. Prior Unpaid Winterguard Fees:	\$ + _____
5. Credit/Deposit (SUBTRACT):	\$ - _____
6. SUBTOTAL:	\$ _____
7. Convenience Fee (Note 4):	\$ + _____
8. TOTAL DUE:	\$ _____

PAYMENT RECEIPT:	Date: _____
Cash Payment:	\$ _____
Check Payment (Note 1, 2, 3):	\$ _____ Check #: _____
Credit/Debit Payment:	\$ _____
Total Paid:	\$ _____
Balance Remaining:	\$ _____

NOTES

NO REFUNDS

Note 1: Make checks payable to LREBB

Note 2: Write your student's name in the Memo field of the check.

Note 3: There will be a \$25 fee for returned checks.

Note 4: Convenience Fees for Credit/Debit Card: (N/A for Cash & Check)
 -- 3% if paid-in-full using physical reader swipe/tap/insert.
 -- 3.5% for payment plan / scheduled / online

Note 5: Please consider an anonymous donation toward other band families' fees via the "Band Family Fund". Tax Deductible. Also, let LREBB Officers know of financial hardship situations that may qualify for BFF assistance.

Automatic Payment Plan (Y/N): _____
 (Required if balance remaining)
 (Separate Form for Payment Plan)