

**Legacy Lightning Band
Goal Commitment Form
2016-2017**

Student's Name: _____

Parent's Name: _____

Phone #: _____

I pledge to raise \$_____ for the eight-time State Champion Legacy Lightning Marching Band and overall Legacy Band Program *(Note: \$350 is the goal for each marching student this year, \$200 for non-marching students; please tell us what you plan to raise so we can plan accordingly.)*

Please choose all that apply:

_____ I don't want to worry about it so I will pay this today by check or credit card

_____ I plan to pay monthly/quarterly (circle one)

_____ I plan to raise the money via the remaining ISA Fundraising activities (Scrip, Butter Braids)

_____ I have a corporate sponsor that can donate to the program (Fundraising Goal credit is given to students bringing in Corporate Sponsors!)

_____ I need to talk with somebody on the Board

_____ To assist in keeping our fundraising goals lower, I/we will assist with Bingo at least five (5) times during the year.

_____ Additionally, I/we will volunteer with other activities at least _____ times during the year.

Parent signature

Date