



PETERBOROUGH NEW HORIZONS BANDS

PNHB FEE-BAND EXEMPTION FORM

Date of Request (yyyy/mm/dd): _____ Band/Ensemble: _____

Name: _____ Email: _____

Regarding When (check off which one):

- ☐ Fall
- ☐ Winter
- ☐ Spring

Requesting (check off which one):

- ☐ Get funds back (refund) Amount already Paid for the Term: _____
Dates not attending (YYYY/MM/DD) To: _____ From: _____
- ☐ Reduction of term fees Amount able to pay: _____
- ☐ Full Fee Waiver for the term
- ☐ Other type of waiver or subsidy

Brief description of reason for exemption:

Member Signature: _____

Fill out this form, scan and Email to PRESIDENT@PNHB.CA or give it to the BOD President

***** FOR PNHOB OFFICE USE ONLY *****

- ☐ (refund) Confirmed the amount already paid
- ☐ Request approved _____ Declined Reason: _____
- ☐ Treasurer, Member and Board Secretary (to note in minutes) informed of decision
- ☐ (refund) Treasurer paid back dues
- ☐ (reduction) Confirm reduced fees paid by Member.

2025-7-22:BS _____