**Calallen Middle School Band Spring Trip Contract 2014-2015**

My Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will attend the Spring Trip to New Orleans, Louisiana on April 30th-May 3rd, 2015.

* **I understand that by returning this form with the $100.00 deposit that I am responsible for the complete trip cost.**
* **I understand that my child will be academically eligible to attend as required by UIL and TEA guidelines.**
* **I understand that the deposit is non-refundable.**
* **I understand that this trip is a privilege and not a right; therefore my child must behave appropriately throughout the school year and follow all “Code of Conduct” rules for the CMS campus. The director(s) reserve the right to deny any student’s trip contract due to violations regarding the rules.**
* **I understand that if my child or a chaperone is ineligible to attend the trip and payments were made, the cost of the trip is non-refundable, unless trip insurance is purchased, and a portion of the trip will be reimbursed in accordance to the insurance company.**
* **If payments are not made in a timely manner according to the payment schedule below, your portion of the trip will be cancelled and any payments made will be non-refundable**.

Parent/Guardian Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financially responsible party\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chaperone**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_wish to chaperone the Spring Trip to New Orleans.**

* **I understand that by returning this form with the $100 deposit that I am responsible for the remaining amount of the trip.**
* **I understand that only the first qualified applicants will be accepted. (Must be a Parent/Guardian)**
* **I understand that as a chaperone I am a CISD trained volunteer or will plan to be trained by a CISD administrator and I will possibly be subject to a criminal background check.**

Chaperone Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chaperone Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Date Due** | **Amount Due Land** | **Amount due Transportation** | **Total Due** |
| **Monday, October 6, 2014** | **$50.00 per person** | **$50.00 per person** | **$100.00 Non-Refundable Deposit** |
| **Friday, November 7, 2014** | $100.00 per person | $50.00 per person | **$150.00 per person** |
| **Friday, December 5, 2014** | $100.00 per person | $50.00 per person | **$150.00 per person** |
| **Tuesday, January 9, 2015** | $100.00 per person | $50.00 per person | **$150.00 per person** |
| **Monday, February 16, 2015** | Rooming List Due | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |