

8th Grade Band and Chorus Trip to Carowinds Information Sheet

It is time to get started preparing for our Annual 8th Grade Spring Trip. This year the band and chorus will be travelling together to Carowinds Theme Park in Charlotte NC. I have received all of our information from **Creative Group Tours** and this year's trip is falling into place.

Here are the details:

Trip Activities:

- Ride in coach buses to Charlotte, NC (Friday Morning)
- CiCi's Pizza Dinner (paid for)
- Adventure Landing Fun Center (Friday)
- One Night Lodging at the Doubletree Hotel in Charlotte NC (Friday Night)
- Breakfast Buffet at the Hotel (Saturday Morning)
- Music Festival Participation (Saturday Morning)
- One Day admission to Carowinds Park (Saturday)
- Arrive home early Sunday Morning.

Trip Date: Friday, May 4th – Sunday May 6th

Trip Cost: \$220 per person (add \$85 if you would like a single room.)

Chaperone Cost: \$150 per person (add \$85 if you would like a single room.)

Payment Schedule: (Checks can be made out to CJHS Band or CJHS Chorus)

- **Friday November 17th – \$50 Non-refundable Deposit for all students and chaperones DUE.**
- December 15th: \$50
- January 31st: \$50
- February 28th: \$50

We will need a deposit to know how many students and parents to plan on. We would like to have all students attend, as well as 15 - 20 chaperones. The more chaperones we have the better we can keep our kids supervised and safe. I have your sign-ups from our forms that were turned in. Your \$50 payment will serve as your commitment.

Please have your child participate in the fundraisers this year they directly benefit their dues towards Carowinds. These 8th Graders have already worked so hard and this is going to be a great way for them to be rewarded for all their hard work the last few years. As always if you have any questions please feel free to call or email me here at school.

Maria Menendez
Band Director
CJHS

Patrick McCormick
Fine Arts Director
CJHS

Carowinds Permission Form and Health Information

Please fill out and return with your \$50 Deposit (checks made out to CJHS Band)

DUE DATE: November 30th, 2017

Student Name: _____

Parent Name: _____ ☐ I would like to Chaperone (please check box
and include \$50 deposit for yourself)

Emergency Contact Cell Phone Number: _____

Address: _____

Insurance Company: _____ Group # _____

Insurance Phone Number: _____ Medicaid #: _____

Medical Conditions we should know about, including Medications and Allergies:

BY SIGNING THIS PERMISSION FORM I GIVE CARROLLTON CITY SCHOOLS MY PERMISSION TO TAKE MY SON / DAUGHTER ON THIS FIELD TRIP. I HAVE PROVIDED INFORMATION ABOVE IN CASE THERE IS AN EMERGENCY SITUATION.

Parent Signature: _____ Date: _____

