

**STUDENTS MUST ATTEND ALL CONCERTS UNLESS CLEARED BY MS. MENENDEZ IN ORDER TO PARTICIPATE IN TRIP**

**8<sup>th</sup> Grade Band and Chorus Trip to Carowinds Information Sheet**

It is time to get started preparing for our Annual 8<sup>th</sup> 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 3<sup>rd</sup> – Sunday May 5<sup>th</sup>

**Trip Cost:** \$220 per person **Chaperone Cost:** \$150 per person (add \$85 if you would like a single room.)

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

- **Friday November 16<sup>th</sup> – \$50 Non-refundable Deposit for all students and chaperones DUE.**
- December 18<sup>th</sup>: \$50
- January 31<sup>st</sup> : \$50
- February 28<sup>th</sup>: \$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. 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 8<sup>th</sup> 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  
CJHS Band Director

**Carowinds Permission Form and Health Information**

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

**DUE DATE: November 16<sup>th</sup>, 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: \_\_\_\_\_