



NORMAL WEST MARCHING BAND
2012 FIESTA BOWL TOUR
COMMITMENT FORM

Student Name	
Address (include city and zip code)	
Parent/Guardian(s) Name(s)	Home Phone
Parent/Guardian Cellular Phone(s)	Student's Cellular Phone
Parent Email Address(es)	Student's Email Address
List any additional family members/relatives attending this tour:	

- Yes, my son/daughter will be participating in this trip. The \$50 deposit for each traveler named above is attached/enclosed. Apply this amount \$_____ from my account (#_____) toward the deposit.
- No, my son/daughter will not be participating in this trip, but they WILL be participating in the fall marching band program. (Do not sign below.)
- NEW MEMBERS ONLY: I am unsure at this time if my son/daughter will be participating in this trip. We will wait to turn in the deposit by June 6, 2012.
- I am interested in chaperoning this trip.

I, _____ (parent/legal guardian name), give permission for my son/daughter listed above to participate in the Normal West Marching Band trip Phoenix, Arizona. Additional family members and relatives who will travel with the band are listed above as well. Students will conduct themselves in accordance with all school and band rules for the duration of the trip. It is understood that Normal West High School personnel and their designated chaperones will establish and enforce guidelines for student behavior.

I understand that I am responsible for my student's/family's total cost or a lesser amount if student account funds are used. I also understand that in the event of cancellation, refunds (less the \$50 deposit per person) are only available through August 15, 2012. After that date, refunds may not be available depending upon individual vendor policies. I agree to adhere to the stated payment schedule, and I understand the refund policies and information in the Fiesta Bowl Tour Information document.

The band directors, school administration, and/or Board of Education reserve the right to cancel the trip in cases of emergency or risk of threats to student safety (either natural or caused by man). In this case, refunds may not be available, depending upon individual vendor policies.

Parent/Guardian Signature

Date

Student Signature

Date

Please mail this form and deposit to *Ellyce Wolfe, 104 S. Broadway, Hudson, IL 61748*