

PARTICIPATION FORM

To reserve your spot for the Spring Trip to Williamsburg, please return the following by
FRIDAY FEBRUARY 26:

- Completed Participation Form
- Deposit Payment (write student's name on the check)
- Completed Medical and Emergency Form

MAIL OR HAND DELIVER ALL PAYMENTS AND FORMS TO MR. BAUER AT COLUMBIA.

Student Name: _____ Gender: Male Female Grade: _____

Address: _____ Home Phone _____

Student Cell: _____ Student Email: _____

Parent / Guardian Name: _____ Parent / Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Check any/all ensembles and classes in which you participate:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Women's Chamber Choir | <input type="checkbox"/> Wind Ensemble | <input type="checkbox"/> Jazz Band | <input type="checkbox"/> Honors Chamber Orchestra |
| <input type="checkbox"/> Excelsior Singers | <input type="checkbox"/> Symphonic Band | <input type="checkbox"/> Marching Band | <input type="checkbox"/> String Orchestra |
| <input type="checkbox"/> Concert Chorale | <input type="checkbox"/> Concert Band | <input type="checkbox"/> Color Guard | |
| <input type="checkbox"/> AP Music Theory | <input type="checkbox"/> Musician's Workshop | <input type="checkbox"/> Music Fundamentals | |

PAYMENTS:

Deposit Due: \$ 250

Less Amount to Deduct from Student Account: \$ _____

Enclosed is a Check or Money Order for the Amount Due at this time of : \$ _____

Please read and sign in acknowledgement below:

I understand and will adhere to the payment schedule outlined, and that the final price will be determined by the number of students participating. I further understand that all monies pertaining to this trip are **non-refundable**.

Student Signature: _____

Parent Signature: _____