

SLHS Choral Department Spring Trip 2016— Walt Disney World Chaperone Travel Contract April 20, 2016 - April 24, 2016

Chaperone Name:	Date of Birth:	
Phone:	Email:	
Cell Phone:		
Payment plan (Ba	ased on Double Occupancy for Chaperones, \$290.26 surcha	arge for Single)
	Payment Plan	
	\$100 Deposit (Payment 1): September 23, 2015	
	\$150 Payment 2: October 23, 2015	
	\$150: Payment 3: November 20, 2015	
	\$50: Payment 4: December 16, 2015	
	\$100: Payment 5: January 22, 2016	
	\$150: Payment 6: February 19, 2016	
	Remaining Balance (\$50 -100) (Payment 4): March 18, 2016	
	*Please note only Scrip rebates can be used to offset your payments	
Please initial beside t	he following statements to indicate you understand and agree to the term	<u>ns</u>
locate a qualified su 2016. After January change. Absolutely insurance will be ava	te on September 23, 2016. If a Chaperone must cancel his/her reservate ubstitute, then a full refund will be made to the individual if canceller, 8, 2016, name changes can be arranged for a fee of USD \$250.00 per no refund can be made after tour departure, or for unused services. It is in a particular to the contract of the contract	d by January 8, er name Travel cancellation
Dates for this t	rip are April 20, 2016 – April 24, 2016.	
Chaperones are	e assigned to students of the same sex. Your son/daughter may not be in yo	our assigned group.
*Should there <u>r</u> refunded.	not be enough students to meet the minimum number required for the trip,	money will be fully
Chaperone Signature		

*This form must have all lines initialed and all signatures to be considered valid.



SOUTH LAKES HIGH SCHOOL ORLANDO, FL APRIL 20, 2016 – APRIL 24, 2016

INDIVIDUAL PASSENGER CONTACT INFORMATION FORM

Please print and complete this form and return it to your group tour leader.

NAME:	AGE:
STREET ADDRESS:	
CITY:	STATE: ZIP:
HOME TEL:	WORK TEL:
CITIZENSHIP: USA OTHER:	
TRAVEL INSURANCE APPLICATION NEEDED:	YES NO
NAME OF RELATIVE OR FRIEND NOT TRAVEL	ING WITH YOU:
AREA CODE AND TELEPHONE:	EMAIL:
NOTICE AND CONTRACT OF RELE	EASE AND ASSUMPTION OF RISK
Classic Travel And Tours LLC/Artistic Ambassadors a arranging services that are not directly supplied by Classic Travel And Tours LLC/Artistic Ambassadors or omissions on the part of suppliers. This agency will that result from criminal acts, terrorism, strikes, mechanhealth conditions and/or any abnormal situations of Ambassadors' control. It is the traveler's responsibility vaccination, visa, and entry requirements. Optional traconsideration of and as part of the payment for the right Travel And Tours LLC/Artistic Ambassadors harmless employees, officers, directors, and affiliated companies suits, claims, and demands of any kind in connection the future. This agreement serves as a release and assu I have read and understand this notice and contract.	assic Travel And Tours LLC/Artistic Ambassadors. It is a responsible for breach of contract, errors and not be responsible for injuries, damages, or losses anical or construction failures, weather, local laws or outside of Classic Travel And Tours LLC/Artistic lity to assume the risks of travel and for passport, avel insurance is available and is recommended. As that to participate in this tour, I agree to hold Classic is and to release it from liability as well as its agents, es or subcontractors for any and all actions, debts, with my participation in this tour either now or in
SIGNATURE:	DATE:
SIGNATURE:	DATE: LER IS UNDER EIGHTEEN (18) YEARS)