

GROVES HIGH SCHOOL BAND

TRIP/TOUR COMMITMENT FORM

The dates for the tour are: _____

All participants, students and adult chaperones, please return this form and a \$ _____ deposit to the address below by: _____.

(Please feel free to photocopy additional copies if needed)

GROVES BAND
c/o Jim Zarzycki
20500 W. 13 Mile Rd.
Beverly Hills, MI 48025

OR JIM ZARZYCKI
c/o Groves Band
5255 Whipple Lake Rd.
Clarkston, MI 48348

STUDENT BAND MEMBER INFORMATION

Name _____ Birth Date _____

Address _____

City _____ Zip _____ Phone _____

2003-04 grade level _____ Marching Instrument _____

ADULT CHAPERONE INFORMATION

Name _____ Birth Date _____

Address _____

City _____ Zip _____ Phone _____

Please select at least two activities you would be willing to assist with.

Equipment Handling ___ Bus Captain ___ Wake-up Calls ___ Bed Checks ___ Medical Assistance ___

PERMISSION STATEMENT

_____ (student name) is permitted to participate on the tour to _____ (location) on _____ (start date) to _____ (end date) for the _____ (event name). It is understood that all policies and regulations as established by the Birmingham Public Schools and the Board of Education are in effect for all aspects of the event and preparation activities.

Parent/Guardian Signature: _____ Date _____

Deposit \$ _____ enclosed \$ _____ Total number of participants: _____

Make checks payable to: GROVES BAND BOOSTERS (no cash please)

Note: write the participant(s) name on the memo portion of the check.