

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

8th Grade Band Trip to Carowinds Information Sheet

It is time to get started preparing for our Annual 8th Grade Spring Trip. This year the band 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.

Rough Itinerary: Depart Friday morning and return Saturday night. Specific times to come soon.

Trip Activities:

- Ride in coach buses to Charlotte, NC (Friday Morning)
- One night lodging @Embassy Suites in Charlotte, NC.
- Breakfast buffet at hotel on Saturday morning
- Two day admission to Carowinds theme park
- Meal voucher for one meal on Friday
- Meal voucher for one meal on Saturday
- Festival participation on Friday.
- Carowinds T shirt designed by students

In addition but not included in cost:

- Lunch Friday on the way to Charlotte at the Varsity
- Dinner at a food court mall on the way home from Carowinds Saturday

Trip Date: Friday, May 13th – Saturday May 14th

Trip Cost:

- **Student Cost:** \$240 per person (4 to a room for all students)
- **Chaperone Cost:** \$150 per person (add \$85 if you would like a single room.)

Payment Schedule: Cash, Checks, Revtrak Online. (Checks can be made out to CJHS Band)

- **Friday November 12th – \$50 Non-refundable Deposit for all students and chaperones DUE.**

- December 10th: \$50
- January 28th : \$50
- March 25th: Final payment after Cookie Dough and AYP money has been credited towards trip

These 8th 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
maria.menendez@carrolltoncityschools.net

Carowinds Permission Form and Health Information

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

DUE DATE: November 12¹², 2021

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: _____