

North Nova Education Centre Music Auxiliary  
May 2015 Washington Trip Registration Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date (Year/Month/Day): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Cell #: \_\_\_\_\_ Name: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_

Student E-mail address: \_\_\_\_\_

This is a commitment to participate in the NNEC Music Aux trip to Washington, DC, May 13-17, 2015. This includes a commitment to the following payment plan:

October 1 <sup>st</sup>	\$200	November 1 <sup>st</sup>	\$200	December 1 <sup>st</sup>	\$200	January 1 <sup>st</sup>	\$200
March 1 <sup>st</sup>	\$200	April 1 <sup>st</sup>	\$200	May 1 <sup>st</sup>	\$100		

Total cost of the trip for each student is \$1300. The above payments, in the form of post-dated cheques, must be submitted with this form. (Note: if you are unable to submit post-dated cheques, you must submit a letter outlining how you will be making your monthly payments).

To apply for the trip, students must be fully registered in the NNEC Music programs with their 1<sup>st</sup> semester fees paid in full.

If a student withdraws from the trip, a portion or all of the fees paid may be non-refundable. The amount of the refund is solely at the discretion of the NNEC Music Auxiliary and is based on the cost of cancellation fees and out of pocket costs that are not recoverable. If there is a student available as a replacement, this will be factored into the amount refunded.

Student credits earned throughout the school year may be applied to the trip. Post-dated cheques for applicable months will be returned when credits are applied. Please contact: [laboudreau@ns.sympatico.ca](mailto:laboudreau@ns.sympatico.ca) to do this.

It is the parent/student responsibility to obtain or have a valid passport that will cover the travel dates above. In addition, students will be required to have medical insurance for travel in the US. Options for purchasing medical insurance will be provided to students that do not already have coverage (proof of coverage required).

I hereby apply for \_\_\_\_\_ to participate in the May 2015 trip to Washington, and agree to the conditions set out in this trip registration form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date