

2018 LHHS BAND SPRING TRIP

Student Name	
Student Email	
Student Cell #	

Parent Name	
Parent Email	
Parent Cell #	

Parent Name	
Parent Email	
Parent Cell #	

DO YOU HAVE ANY INFORMATION THAT NEEDS UPDATING FOR YOUR STUDENT'S MEDICAL RELEASE FORM (NEW INSURANCE CARD, NEW ALLERGIES, OR NEW MEDICATIONS)? If so, please explain below and/or attach a new insurance card copy.

--

I have read this handout and agree to the terms and conditions set forth by the LHHS Band Program. I realize that all payments are non refundable and it is up to the parents to communicate payment problems with Mr. Chavis immediately. All band fees will be paid in full before a student travels on the spring trip.

Parent Name Printed

Date

Parent Signature

Return this form with your spring trip deposit in an envelope with your student's name on it to the band hall safe.