

C.J. Hooker Middle School

Registration Form – 7th & 8th Grade French Trip to Montréal

Student Name: _____
Please Print (Last Name) (First Name) (Middle Name)

Mailing Address: _____

Home Phone Number: () _____

Person to contact in case of emergency: _____

Emergency Phone Number: () _____

To be completed by parents who plan to accompany our group to Montreal:

Parent Name: _____

Address: _____

Home Phone Number: () _____

Cell Phone Number: () _____

Should you have a preference to room with another adult chaperone attending this trip, please advise: _____

Trip to: Montréal, Québec, Canada

Dates: Thursday, April 17, 2008 – Saturday, April 19, 2008

Rates: \$425.00 per student, based on quad occupancy [4 students per room] accommodations.
\$425.00 per adult chaperone, based on double occupancy accommodations.

Should you have a preference to room with other students, please list below:

1. _____ 2. _____ 3. _____

Emergencies happen. Plans change. To protect yourself against cancellation charges, we strongly recommend travel cancellation insurance.

Please note that once initial deposits and payments are made, we will be unable to refund monies to you. The Goshen Central School District cannot assume responsibility for cancellation charges you incur. With this in mind, we strongly recommend cancellation insurance. Please check the appropriate box below regarding cancellation insurance.

Please check the appropriate box, and sign below:

- YES**, I wish to purchase cancellation insurance at a non-refundable cost of \$___.00 per student. Please send me a trip cancellation application form.
***If you are interested in purchasing cancellation insurance, please check YES, and we will send you information with the prices in the near future.**
- NO**. I fully understand the cancellation penalties, but decline the cancellation insurance.

Parent Signature: _____ Date: _____