

**USBands National Marching Band Championships / NESBA Marching Band Finals**  
**ALLENTOWN / LAWRENCE MARCHING BAND TRIP**  
**October 31 - November 3, 2019**  
**CONTRACT**

Please print and return to the Music Department as soon as possible or by August 26, 2019, with your first payment.

Student Name ..... Instrument/Guard .....

I hereby acknowledge and accept the following rules regarding the Allentown, PA / Lawrence, MA Marching Band Trip. I agree to abide by these rules and all other policies which have been adopted or may be adopted in the future by the Music department regarding this event.

I understand that the policies of the Somerset Berkley Regional High School Music Department presented earlier in the year (and approved by the Somerset Berkley Regional School Committee) will be adhered to.

I also promise that I will:

1. Learn all music/drill/routines to the best of my ability.
2. Attend all rehearsals and performances on time. An Excused Absence Form must accompany all absences and be presented to Mr. Marshall 2 weeks ahead of time. Any failure to attend a rehearsal or continued absences without good reason may constitute grounds for exclusion.
3. Cooperate fully with chaperones and all other administrative officials.
4. Neither use nor have in my possession at any time alcoholic beverages, tobacco products or illegal drugs.
5. Stay in designated housing facility throughout the duration of the Trip.
6. Not request a room change.
7. Not be in an unassigned room without the permission of a chaperone.
8. Not use the Hotel Room telephones except in case of an emergency.
9. Not participate in pranks or vandalism of any kind. If I damage any property, my parents and/or I will assume full financial responsibility. (Damage to any Hotel Room may be assessed equally among those students assigned to the room).
10. Be in my assigned room at curfew time and remain in my assigned room until wake-up time (unless I am otherwise granted permission by a Music Instructor / Official or assigned chaperone).
11. Conduct myself courteously and appropriately at all times.
12. It is understood that I signed this contract and that I plan to be part of this trip. The cost of the trip is based on 64 participants. Therefore, any change in this number will increase the price of the trip divided among the remaining students.
13. Abide by all decisions made by appropriate Music Instructors / Officials and obey all regulations listed above as well as any other regulations which may be implemented in the future by the group leaders.

I understand that membership in the marching band is a privilege and that membership will be forfeited if I fail to comply with any of the above rules. If it is necessary that I be sent home from Allentown/Lawrence, my parents and school officials will be notified, and my parents will be asked to provide immediate transportation home.

Signature of the Student..... Date.....

Signature of Parent/Guardian..... Date.....

Signature of Music Instructor..... Date.....

**ALLENTOWN / LAWRENCE MARCHING BAND TRIP**

**October 31 - November 3, 2019**

**\*\*\*PAYMENT SCHEDULE AND SLIPS\*\*\***

**COST OF THE TRIP (Per Person)** Student members = \$500 (Student Room Quad or Triple)  
Non-participants = \$400 (Family Quad) / \$450 (Family Triple)  
\$500 (Adult Double) / \$700 (Adult Single)

- This is the Festival Package. It includes transportation costs, 3 night's accommodations at a first-class hotel (2 nights in Allentown, PA and 1 night in Marlborough, MA) hotel tax and gratuity, and four meals (three full American breakfasts and one complete dinner). This price is contingent upon having 32 students and 15 adults. If this changes, the price of the trip may change.

**PAYMENT SCHEDULE - THIS IS VERY IMPORTANT! WE MUST MEET VENDOR DEADLINES SO PAYMENT MUST BE MADE ON TIME OR WE WILL INCUR ADDITIONAL PENALTY CHARGES! PAYMENTS HAVE BEEN DESIGNED TO ALLOW FOR THE MAXIMUM AMOUNT OF TIME FOR FAMILIES TO MAKE PAYMENTS WITHIN VENDOR DEADLINES.**

1. **Payment 1 is due on Monday, August 26th:** Students = \$250  
Family in Quad Room = \$200 / Family in Triple Room = \$225  
Adults in Double Room = \$250 / Adults in Single Room = \$350
2. **Payment 2 is due on Monday, September 23rd:** Students = \$250  
Family in Quad Room = \$200 / Family in Triple Room = \$225  
Adults in Double Room = \$250 / Adults in Single Room = \$350

**SOMERSET BERKLEY REG. HS MARCHING BAND ALLENTOWN PAYMENT 2 – DUE MONDAY, SEPTEMBER 23<sup>rd</sup>**

Participant Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Room Type: Student = \$250 / Family Quad = \$200 / Family Triple = \$225 / Adult Double = \$250 / Adult Single = \$350

Circle all applicable

Student: Qty. \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_

Family Quad: Qty. \_\_\_\_\_ x \$200 = \$ \_\_\_\_\_ Family Triple: Qty. \_\_\_\_\_ x \$225 = \$ \_\_\_\_\_

Adult Double Qty. \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_ Adult Single: Qty. \_\_\_\_\_ x \$350 = \$ \_\_\_\_\_

**Payment 2 Total \$ \_\_\_\_\_**

Payment Type: CASH Check # \_\_\_\_\_

Please write **Marching Band Allentown/Lawrence Payment 2** / "Participant Name(s)" in the memo of the check

**Check Payable to "SOMERSET BERKLEY REGIONAL HIGH SCHOOL"**

**SOMERSET BERKLEY REG. HS MARCHING BAND ALLENTOWN PAYMENT 1 – DUE MONDAY, AUGUST 26<sup>th</sup>**

Participant Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Room Type: Student = \$250 / Family Quad = \$200 / Family Triple = \$225 / Adult Double = \$250 / Adult Single = \$350

Circle One

Student: Qty. \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_ - remainder of unused Apparel/User Fee = \$ \_\_\_\_\_  
(contact Mr. Marshall at marshalld@sbregional.org for exact amount)

Family Quad: Qty. \_\_\_\_\_ x \$200 = \$ \_\_\_\_\_ Family Triple: Qty. \_\_\_\_\_ x \$225 = \$ \_\_\_\_\_

Adult Double Qty. \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_ Adult Single: Qty. \_\_\_\_\_ x \$350 = \$ \_\_\_\_\_

**Payment 1 Total \$ \_\_\_\_\_**

Payment Type: CASH Check # \_\_\_\_\_

Please write **Marching Band Allentown/Lawrence Payment 1** / "Participant Name(s)" in the memo of the check

**Check Payable to "SOMERSET BERKLEY REGIONAL HIGH SCHOOL"**

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**PARENT / GUARDIAN / FAMILY MEMBER  
PARTICIPANT INTENT FORM**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Type:      Parent / Guardian      Sibling / Child      Other: \_\_\_\_\_  
**Circle One**

Student Name that you are associated with: \_\_\_\_\_

Room Type:      Family Quad = \$400      /      Family Triple = \$450      /      Adult Double = \$500      /      Adult Single = \$700  
**Circle One**

Are you willing to be a chaperone? \_\_\_\_\_

**The price of the trip is contingent upon the number of participants. Please let me know if you have any reservations as to whether or not you will be participating or if there is any chance that your plans may change prior to the trip. I can be reached at [marshalld@sbregional.org](mailto:marshalld@sbregional.org)**

**PLEASE SUBMIT THIS FORM TO ME NO LATER THAN THE DATE OF THE FIRST PAYMENT MONDAY, AUGUST 26<sup>th</sup> SO THAT WE KNOW HOW MANY PARTICIPANTS THAT WE HAVE AND WHETHER OR NOT THE PRICE WILL NEED TO BE ADJUSTED! THANK YOU!**

Questions / Concerns: