

Children's Chorus of Greater Dallas

Washington D.C. Tour, June 23-27, 2010

Commitment Form

This form and a \$200 non-refundable deposit must be returned to the CCGD office NO LATER THAN Sept. 14, 2009

For more tour information, go to www.thechildrenschorus.org/tours.

Total Tour Costs: \$1400 ± 5% (plus personal spending)

| <u>Payment Schedule</u> | | <u>Cancellation Fees</u> | |
|-------------------------|----------------------|--------------------------|-------------------------|
| Sept. 14 | \$200 non-refundable | Oct 1 | \$200 |
| Nov. 16 | \$200 | Feb 1 | 15% of total tour cost |
| Jan 18 | \$250 | March 1 | 25% of total tour cost |
| March 1 | \$350 | April 1 | 50% of total tour cost |
| May 3 | \$400 | May 20 | 100% of total tour cost |

Tour Assistance: The CCGD Board has allocated \$4000 in tour assistance. Tour assistance may not be used for the Sept. 14th deposit payment. Tour assistance is reserved for families with financial need and typically covers 25-30% of the total tour cost.

Tour Credits: Tour credits may be used for any payment.

Tour Fundraisers: We encourage all families to take advantage of our tour fundraisers to help cover tour costs: Scrip (all year), Poinsettias (Oct), Enjoy the City Passbook (Oct), WOW (TBD as requested).

- I agree to allow my son/daughter _____ (print name as on I.D. required for airline ticket) to participate in the CCGD tour to Washington D.C. scheduled for June 23-27, 2010, and I agree to the attached payment and cancellation fee schedules.

Yes _____ No _____

If No, brief reason for declining. _____

- I am requesting to be considered for tour assistance. _____ (Please check if applicable.)
- I will be making my child's travel arrangements. _____ (Please check if applicable.)
(\$285 will be subtracted for land only; you will be responsible for hooking your singer up with the tour)

Parent Signature
Date

Please sign and return this form with your check for \$200, payable to CCGD, 400 N. St. Paul Street, Suite 510, Dallas, TX 75201, bring them to rehearsal, or fax the form and your credit card information to 214-965-0264. Be sure to keep a copy for your records.

Credit Card No. _____ Exp. Date _____ CSV Code _____

Amount to be charged _____ 2010 Washington D.C. Tour

Signature
Name on card