

Children's Chorus of Greater Dallas
SINGER COMMITMENT FORM
Italy Tour – June 20-27, 2020 (+/- one day)

Form and initial payment due NO LATER THAN September 23, 2019

Total Tour Cost: \$3900 (±5%)*. Price includes airfare and all transfers, meals, and admissions. Price also includes hotel at quad occupancy for singers. ~\$1400** will be deducted for land-only; land-only cost will be \$2500 (±5%).

Payment Schedule (you may pay in full anytime):

All payments are nonrefundable.

Date	Amount	Land Only
September 23, 2019	\$300	\$300
October 21, 2019	\$600	\$375
November 25, 2019	\$600	\$375
January 20, 2020	\$600	\$375
February 24, 2020	\$600	\$375
March 23, 2020	\$600	\$375
April 13, 2020	\$600	\$325
Total	\$3,900	\$ 2,500

Eligible singers: 7th and 8th graders in Con II; all singers in Con I, WYC, and YC.

Requirements for tour to make: We must have at least 90 singers to participate. If not, the tour will be cancelled and your deposit will be refunded.

Passport: All travelers **must** have a valid passport. This takes time; don't wait until the last minute.

We must have a copy of the passport (picture page) in the CCGD office by January 24, 2020.

- I agree to allow my son/daughter _____ **(print name exactly as shown on Passport required for airline ticket)** to participate in the CCGD tour to Italy scheduled for June, 2020, and I agree to the payment schedule.
- I will be making my child's travel arrangements ____ **(Please check if applicable)**. ~\$1400** will be subtracted for land-only itineraries; I will be responsible for connecting my child with the tour group if on a different flight.
- My child will attend the two tour rehearsals on June 8 and 15, 2020 from 7:00 – 9:00 pm at LLUMC.

Parent SignatureDate

Please bring this completed form, with the \$300 deposit, to rehearsal no later than Monday, September 23, 2019.

You may also mail them to CCGD, 325 North St. Paul Street, Suite 2020, Dallas, TX 75201, or fax to 214-965-0264.

Please keep a copy for your records.

- I am enclosing my check, made payable to CCGD, in the amount of \$_____.
- Please charge the \$300 deposit to the credit card below.
- Please automatically bill my credit card according to the payment schedule listed above.

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

Name on card _____ Zip Code _____

Signature _____ Date _____

*This price is dependent on the number of singers participating.

**This amount will be confirmed no later than November.