

Children's Chorus of Greater Dallas
CHAPERONE INTEREST AND COMMITMENT FORM

Italy Tour – June 20-27, 2020 (+/- one day)

Important Dates for Chaperones:

September 23, 2019	Chaperone applications due
October 10, 2019	Chaperones chosen and notified by CCGD staff
June 7, 2020 – 7:00 pm	Chaperone meeting
June 8 and June 15, 2020 – 7:00 - 9:00 p.m.	Tour rehearsals and parent meeting

By submitting this form, I am expressing my interest in being a CCGD chaperone for this tour. I understand that chaperones will be selected by CCGD staff. If I am selected, I will be responsible for a group of at least eight singers at all times during the tour. **I will be required to remain with the tour at all times – including the flights to and from Italy.** Chaperones will share a room with one other chaperone. I am willing to submit to a background check as required by CCGD policy.

This form is due in the CCGD office **by September 23, 2019**. Chaperone selections will be made by October 10, 2019.

Chaperone Payment Schedule (chaperones receive a discount) - Chaperone price \$3125 (±5%). Land-only \$1725 (±5%).
All payments are nonrefundable.

Date	Amount	Land-Only
September 23, 2019*	\$300	\$300
October 21, 2019	\$480	\$240
November 25, 2019	\$480	\$240
January 20, 2020	\$480	\$240
February 24, 2020	\$480	\$240
March 23, 2020	\$480	\$240
April 13, 2020	\$425	\$225
TOTAL	\$ 3125	\$ 1,725

*We will hold your deposit and if you are not selected as a chaperone or a shadower, it will be returned to you.

Name (printed exactly as shown on Passport): _____

(All travelers must have a valid Passport, and we must have a copy of the picture page of the Passport in the CCGD office **by January 24, 2020.**) **Getting a passport takes time; don't wait until the last minute.**

Phone: _____ **Email address:** _____

Singer's name: _____ **Chorus:** _____

I want the Land Only price and will book my own flights. _____

I understand I must fly on the same flights as the CCGD group.

~\$1400 will be subtracted for land-only itineraries. (This amount will be confirmed no later than November.)

By signing below, I agree, if chosen to be a chaperone, to read and follow CCGD's "Singer's Safety Policy and Procedures."

Signature: _____ **Date:** _____

If I am not selected as a chaperone, I would like to be added to the shadower waiting list. _____

(See Shadower Information sheet included with this packet.)

(Payment information on back)

I am enclosing my check, made payable to CCGD, in the amount of \$_____.

Please charge my credit card for the \$300 deposit.

If chosen as a chaperone, 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 _____