



Dollywood Performance Commitment Letter

Dollywood, Pigeon Forge, Tennessee – Nov 20–Dec 2, 2018

The Chestatee High School Chorus has been invited to participate in a performance at the Dollywood Theme Park in Pigeon Forge, TN. The chorus will travel to Pigeon Forge on Friday, Nov. 30. The performance will take place on Saturday, December 1. In addition to the chorus performance, students & chaperones/parents will have the opportunity to attend the Stampede Dinner Theater, and will also spend a day in the Dollywood Theme park.

Total Trip Cost: approx. \$250.00*

Trip Cost Includes:

- Round-trip charter bus transportation between CHS to Tennessee
- TWO Nights Hotel Accommodations at Best Western Plaza Inn
- 1 ticket to the Dixie Stampede Dinner Theater
- 1 ticket to the Dollywood Theme Park
- 2 continental breakfasts at the Plaza Inn
- 1 meal in the Dollywood Theme Park
- Dollywood trip t-shirt

Trip Cost DOES NOT Include:

- 1 Lunch in route to Tennessee
- 1 Meal in Dollywood
- 1 Lunch on the way home



Trip Payment Schedule:

September 17 – Commitment Letter and \$100 for students/chaperones due
(checks made out to CHS Chorus Booster)

October 15 – \$100 for students/chaperones due

November 15 – trip balance for students/chaperones due

**The cost listed above is based on the estimated number of participants. If there is a change in the number of participants, these numbers could vary slightly from the cost listed above.*

Student Commitment:

I, _____ (student name), commit to the Dollywood Performance trip to Pigeon Forge, TN Nov 30-Dec 2, 2019. I understand that I am responsible for preparing the selected music and serving as a distinguished representative of Chestatee High School.

Student Signature

Date

Parent/Guardian Consent *(please read thoroughly, initial in the blanks, and then sign at the bottom):*

I understand that my student has committed to participate in the Dollywood Performance, and I give him/her permission to take part in this trip.

INITIAL

I am aware of the cost of the trip and I commit to payment in full.

INITIAL

I understand that my student is responsible for making up any work and/or tests missed during the trip.

INITIAL

Insurance: I understand that the Board of Education does not or may not carry any insurance relative to the trip for injuries to the student. My child has insurance through the Board's student insurance program or through my own insurance carrier.

INITIAL

I also authorize the school to obtain through a physician of its own choice any emergency care that may become reasonably necessary for the student during the trip. I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student during the trip.

INITIAL

Parent/Guardian Signature

Date