



Italy Tour 2018

Application Process & Important Details

The student and chaperone applications must be accompanied by a \$400.00 payment for each traveler by SEPTEMBER 8, 2017. Check or money order should be made payable to: Rockford Choirs.

The application and first payment are to be turned in to Mrs. Scott (after school starts). After your application has been approved, you will be contacted via email to let you know of your acceptance to the choir tour. The remaining payments will be made directly to SECHRIST TRAVEL using their online payment process. You will receive email notifications about setting up the account and upcoming payments. Please keep the payment schedule handy so that you can always be on time.

PAYMENT SCHEDULE - approximately \$3099.00

Deposit due September 8, 2017 = \$400 per person (non-refundable)

2nd payment due October 15, 2017 = \$500 per person

3rd payment due November 15, 2017 = \$500 per person

4th payment due December 15, 2017 = \$500 per person

5th payment due January 15, 2018 = \$500 per person

Final Balance due February 15, 2018 (approximately 45 days prior to departure) approximately \$699 per person, based on final airfare and final rooming list (based on 40 minimum paying participants)

Any fundraising dollars will be remitted directly to Sechrist Travel and deducted from your online invoice.

A. You will receive an email by September 15 to confirm your acceptance.

B. If your application is NOT accepted, the application and the \$400.00 deposit check will be RETURNED to you.

C. After your acceptance email you should start the process of obtaining your US passport. Everyone will need one, and it will be up to each person to apply and obtain a passport. If you have a current passport, the expiration date must be beyond October, 2018.

D. Due to world conditions, you might consider purchasing your own travel insurance package. Sechrist Travel will provide more details on options soon.

CHAPERONES: We will need at least 1 chaperone to 8 students. We must have a correct balance between students and chaperones or some students will not be allowed on the trip. (We would really like to have a balance of both male and female chaperones, too.) Chaperones should apply at the same time as their child. Please use the chaperone application form that is provided below. Because of limited space, everyone applying may not be able to participate as a chaperone. Please apply as early as possible. If you have any questions, please feel free to email Mrs. Scott at mscott@rockfordschools.org.



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STUDENT APPLICATION

OPEN TO STUDENTS GRADES 10-12

FULL NAME (as it will appear on a passport. Please print clearly)

ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ EMAIL: _____

DATE OF BIRTH _____ CURRENT GPA _____

CHOIR _____ VOICE PART _____

PARENT NAME(S) _____

PARENT PHONE _____ PARENT EMAIL _____

Why should we consider taking you as a member of this touring choir? _____

I would like to apply for participation in the Rockford Choirs Italy Tour.

I understand that I will have a chance to lower my cost by participating in possible trip fund raisers. If I choose not to participate in the fund raisers, I understand that it is my responsibility to pay the costs left on my trip bill. I understand the payment schedule and I will adhere strictly to this schedule.

I understand that during the entire trip the possession or use of drugs, alcohol, or tobacco will be strictly prohibited. In addition, strict evening curfews will be set, to which all participants must adhere. Any violations to these rules could result in being sent home at additional expense to parents, in addition to RHS discipline upon return.

STUDENT SIGNATURE

PARENT SIGNATURE

DATE

TURN THIS APPLICATION IN WITH THE DEPOSIT PAYMENT ON OR BEFORE SEPTEMBER 8, 2017
Please be sure the applicant's name is included on your deposit check.



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CHAPERONE APPLICATION

If you and a spouse are both applying, please submit separate applications and deposit for both.

FULL NAME (as it will appear on a passport. Please print clearly)

ADDRESS _____ CITY _____ ZIP _____

CELL PHONE _____ EMAIL: _____

YOUR CHILD'S NAME _____

CHOIR _____ VOICE PART _____

PREFERRED ROOMMATE (if applicable) _____

Describe any past chaperoning experiences. _____

Why would you be a good chaperone for this tour? _____

Have you ever been to Italy or Europe before? _____

How comfortable are you leading people in new environments? _____

I would like to apply for participation in the Rockford Choirs Italy Tour. I understand that it is my responsibility to pay the costs left on my trip bill. I understand the payment schedule and I will adhere strictly to this schedule.

SIGNATURE

DATE

TURN THIS APPLICATION IN WITH THE DEPOSIT PAYMENT ON OR BEFORE SEPTEMBER 8, 2017

Please be sure the applicant's name is included on your deposit check.