

Board Office Use: Legislative File Info.	
File ID Number	15-0350
Introduction Date	3-11-15
Enactment Number	15-0309
Enactment Date	3/11/15 od



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo
To Board of Education
From To: Board of Education
From: Antwan Wilson, Superintendent
Subject: Approval of Request for Student Travel

Board Meeting Date _____

Subject Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline High School</u> to <u>New York City, New York</u> , for the period of <u>May 17, 2015</u> through <u>May 21, 2015</u> . Grade(s): <u>11 & 12</u> # of Students: <u>20</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	Exposure to professional theatre for performing arts students; training in dance, movement and audition techniques; employment skills
	Viewing of 3 productions Dance workshops and Alvin Alley Studios Acting workshop Tour City; Central Park; Q&A with actors
Teachers and staff Attending Trip	Jan Hunter (drama class); Mitch Galli (vocal teacher)
Site Administrator Affirms	<input checked="" type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input checked="" type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input checked="" type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input checked="" type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input checked="" type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating
Recommendation	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline High School</u> to <u>New York City, New York</u> , for the period of <u>May 17, 2015</u> through <u>May 21, 2015</u> . Grade(s): <u>11 & 12</u> # of Students: <u>20</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>NA</u> Funding source for the trip will be: <input type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input checked="" type="checkbox"/> No District funds will be used

**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT
Resolution No. 1415-1075**

**AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL AND/OR EDUCATIONAL
ORGANIZATION CONTRACT**

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events.

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, Superintendent requests the Board of Education to approve the Request for Student Travel to New York City, New York, on May 17, 2015 through May 21, 2015 by Skyline High School students.

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve:

Request for student travel for 20 students and 2 adults from Skyline High School to travel to New York City, New York, in order for the performing arts students to be exposed to professional theatre, training in dance, movement and audition techniques, and employment skills, for the period of May 17, 2015 through May 21, 2015, at no cost to the District.

Passed by the following vote:

AYES: Roseann Torres, Jumoke Hinton Hodge, Aimee Eng, Nina Senn, Shanthi Gonzales,
Vice President Jody London, President James Harris

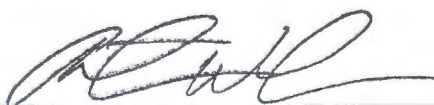
NAYS: None

ABSTAINED: None

ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Board of Education of the Oakland Unified School District at a Regular Meeting held March 11, 2015.

File ID Number: 15-0350
Introduction Date: 3/11/15
Enactment Number: 15-0309
Enactment Date: 3/11/15
By: EA

By: 
Antwan Wilson
Secretary, Board of Education



RECEIVED
2/15/15

Basic Directions

1. Requests must be submitted to Network Executive Officer no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Use of Restricted Funds requires additional approval by State & Federal Compliance
4. OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 has been obtained for all non-District employee chaperones. (Arrange through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/> or email volunteers@ousd.k12.ca.us. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) Program (attach copy unless publicly owned and operated) <input type="checkbox"/> Board Approval Memo
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Skyline High School Site Number: 306

Destination: N.Y. City, Manhattan
 Address: 410 West 42nd Street, New York, NY 10036 Phone: (212) 541-5122

Date of Departure: 5/17/15 Time of Departure: 11:00 PM Place of Departure: Oakland Airport
 Date of Return: 5/21/15 Time of Return: 11:30 PM Place of Return: Oakland Airport
 Class(es) or Group Attending: Performing Arts Students (DANCE, DRAMA, VOCAL)
 Grade(s): 10-12 # of Students: 20^(TBD) # of Adults: 2 Instrumental, Technical
 Teacher Supervising Trip: Jan Hunter Emergency Contact # during trip: 510 386-1925
 Supervising teacher's email address: Jshun@AOL.com

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities <u>N/A</u>	<ul style="list-style-type: none"> • Viewing 3 Broadway productions • Dance workshop @ Alvin Ailey Studio • Acting workshop @ Actors Studio • Tour City, Central Park • Q & A with professional actors <p style="text-align: right;">Itinerary See Attached</p>
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Names of Teachers and staff attending trip:	Teachers: Jan Hunter, Mitch Galli Staff:
Describe mode of transportation for each leg of the trip:	• Jet Blue Airlines • Chartered coach Bus • walking
Describe how this trip aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	The lessons & activities align with Calif. State Standards: Theatre productions: 1. Th. Pr. 4.1.6 Story Script Structure of Dramatic/Theatre work. 2. Th. Pr. 4.1.7 enhance the study of theatre work 3. Th. Pr. 4.1.8 Examines Characters/Setting/Relationship Dance workshops motivated & stimulates learning History of Theatre's in the Professions. Acting workshop will teach stage skills usable at the high school level.

TRIP COSTS

Funding source for the trip will be: General Funds Restricted funds No District funds will be used

TRANSPORTATION

Note: Site must order AC Transit and BART tickets. N/A
If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____

Bus Company: _____ Cost of transportation: \$ _____ Restricted funds? _____

Charter Bus Account: Org. Key _____ Object: 5826 Charter Bus PO #: _____

ADMISSION COSTS

Cost per student: \$ 1199.00 ^{personal funds} Cost per adult: \$ 0 Total cost: \$ _____ Restricted funds? _____

Admission Account: Org. Key _____ Object 5829 Admissions PO #: _____

SUBSTITUTES Are Subs Needed? Yes: No: (Note: School site is responsible for ordering substitutes)

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance from all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: No:
If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

STATE & FEDERAL COMPLIANCE

If restricted funds are used for this field trip/excursion, State & Federal Compliance approval is required.

1. Attach a copy of the site plan, if modified.
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



**OUT OF STATE
FIELD TRIP/EXCURSION REQUEST**

Site: 306 - Skyline High
 Teacher Supervising Trip: Sean Hunter, Mitch Galli
 Destination: N.Y City - Manhattan
 Trip Departure Date: 5/17-21/15

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		2/4/15
Network Executive Officer <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		2/4/15
State/Federal Compliance (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input checked="" type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input checked="" type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		✓		2/5/2015

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Forward the completed: (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle		✓		2/4/15
Risk Management <input checked="" type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input checked="" type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		✓		2/5/2015
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management				2/6/15



**OUT OF STATE
FIELD TRIP/EXCURSION REQUEST**

Site: 306 - Skyline High
 Teacher Supervising Trip: Jan Hunter - Mitch Galli
 Destination: N.Y. City - Manhattan
 Trip Departure Date: 5/17-21/15

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE
 (initial each item certifying completion)

- "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- No student has been prevented from making a trip due to lack of sufficient funds.
- No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
- Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
Meeting date: 10/20/14 & 3/5/15
- Health Conditions/Medication: Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
- Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- Sleeping arrangements and night supervision are safe and appropriate.
- Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- Confirm that: (1) if destination is out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
- OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153. Do not exclude students without insurance; however, contact Risk Management for instructions.
- Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



TO BE COMPLETED BY TEACHER

School or Center: Skyline High School - Site 306

Field Trip Location and Address: 410 West 42nd St, New York N.Y 10036

Date of Departure: 5/17/15 Time of Departure: 11:00 pm Place of Departure: Oakland Airport

Date of Return: 5/21/15 Time of Return: 11:30 Place of Return: Oakland Airport

Class or Group Attending: Performing Arts Students

Name(s) of classroom teacher(s): _____

Teacher Supervising Trip: _____ Emergency Contact # during trip: _____

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim permission required below.)</p> <p><u>NA</u></p>	<p><u>See Itinerary Attached</u></p> <ul style="list-style-type: none"> • Walking • guided tour of theatre spaces - Historic • viewing professional theatre productions • Quest. & Ans. with professional actors. • All aspects of the performing art profession • Walking, talking tour. • Dinner & breakfast together as a guide builds community, Meet Cast members.
<p>Mode(s) of transportation:</p>	<ul style="list-style-type: none"> • Jet Blue Airlines • Chartered Bus • walking.
<p>Student needs to bring:</p>	<ul style="list-style-type: none"> • comfortable clothing • comfortable shoes • light jacket • small umbrella • spending money • I.D. , cell phone (opt.)



OAKLAND UNIFIED SCHOOL DISTRICT

attached

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward _____
(Name of Student – please print)

to participate in a field trip to: _____ Date(s): _____

Emergency Contact Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student's Critical Medical Needs/Medications/Allergies/Conditions: _____

Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

Swim Permission – If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming activities? Yes _____ No _____

My child's swimming ability is (check one): Beginner _____ Intermediate _____ Advanced _____

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

FOR HIGH SCHOOLS ONLY: With the permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

_____ My high school student will arrive at the destination on his/her own.

_____ My high school student will leave the destination on his/her own.

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



OAKLAND UNIFIED SCHOOL DISTRICT

DECLARATION OF DRIVER

N/A

Driver Name: _____

School or Center: _____

Teacher: _____ School Year: 2009-2010

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

- 1. That the driver is at least 21 years of age and holds a current valid California driver's license.
- 2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
- 3. That the vehicle described below is insured by _____ Insurance Company for at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
Policy No.: _____; Policy expiration date: _____.

4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

Name of Insurance Agent

Telephone Number of Insurance Agent

Address of Insurance Agent

- 5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
- 6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
- 7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.

_____ Year	_____ Make	_____ Model	_____ Passenger Capacity	_____ Vehicle License No.
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I certify that the information provided on this form is true and correct.

_____ Date	_____ Driver Name	_____ Signature of Driver	_____ Driver's License No.	_____ Cell Phone No.
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I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

_____ Date	_____ Registered Owner Name	_____ Signature of Registered Owner (if different from driver)
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Attach a photocopy of driver's license and insurance card or declarations page



**DRIVER INSTRUCTIONS
FIELD TRIPS OR EXCURSIONS**

Please follow the below instructions when transporting OUSD students on field trips or excursions:

1. Check the safety of the vehicle which will be used including: tires, brakes, lights, horns, suspension, etc.
2. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
3. Require each passenger to use an appropriate passenger restraint system (child car seat or safety belt) in accordance with law.
4. Obey all traffic laws.
5. Make sure the supervising teacher has advised you of any relevant medical conditions or allergies for those students assigned to your vehicle.
6. Make sure you have exchanged an emergency contact number with the supervising teacher in case you get lost, separated or there is an emergency. In case of emergency, keep all the children together and call 911, the supervising teacher and the school. If you cannot reach school personnel, contact the School District Superintendent's office at 879-8200.
7. You may not transport **anyone** during a field trip or excursion who has not been approved in advance by the supervising teacher and/or site principal.



ADULT PARTICIPANT OUT OF STATE FIELD TRIP/EXCURSION CHAPERONE AGREEMENT (NON-OUSD EMPLOYEE)

TO BE COMPLETED BY CHAPERONE

n/a

I, _____, have read and understand the trip information materials and hereby agree to participate in the field trip or excursion on _____ through _____ to _____ (Destination)

- 1. I understand that my participation in this field trip/excursion is voluntary, but having agreed I will follow instructions provided by supervising teacher/coach and I will comply with all District requirements pertaining to the chaperoning of students. I understand that I must undergo a criminal background clearance.
2. I understand that no insurance is provided by the Oakland Unified School District for this field trip/ excursion.

Swim Participation - If swimming is a part of the field trip, do you agree to participate in swimming activities as needed? Yes No

My swimming ability is (check one): I do not swim Beginner Intermediate Advanced

Authorization to treat: I hereby give permission to the School staff to secure proper treatment for me.

Notice of Waiver of All Claims: I hereby knowingly waive all of my claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Adult Participant Phone Numbers: Cell: Home: Work:

Emergency Contact Person:

Emergency Contact Numbers: 1. 2. 3.

Adult Participant's Critical Medical Needs/Medications/Allergies/Conditions:

Health Insurance Plan Name: Subscriber/Policy No.

Date: Adult Participant Signature:

Print Name:

Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions, email volunteers@ousd.k12.ca.us.

To: OUSD Executive Officers, Skyline Administration

2/3/15

From: Jan Hunter

Skyline High School, site 306

Regarding: Study Tour NY 2015

Please find copies of field trip forms, names and addresses of students, parents names and emails, a copy of the trip itinerary, locations etc. I also included the signed contract from the parents to the company.

Thank you for your time in this matter.

Jan Hunter

Oakland Unified School District
DIVISION OF CURRICULUM AND INSTRUCTION
School-to-Career Department

STUDY TOUR DESCRIPTION FORM

Integration of Work-based/Community-based and School-based Learning

Please complete the information below for the study tour. Remember to include a Substitute Request Form if this activity requires substitute coverage.

Planned Activity Tour of Broadway, 4 Shows, Acting & DANCE CLASSES.

What are the specific learner outcomes for this activity? (i.e. employability, academic, occupational specific; refer to content and performance standards)

Exposure to professional Theater for performing ARTS students. Training in dance, movement and Audition Techniques, Employability skills.

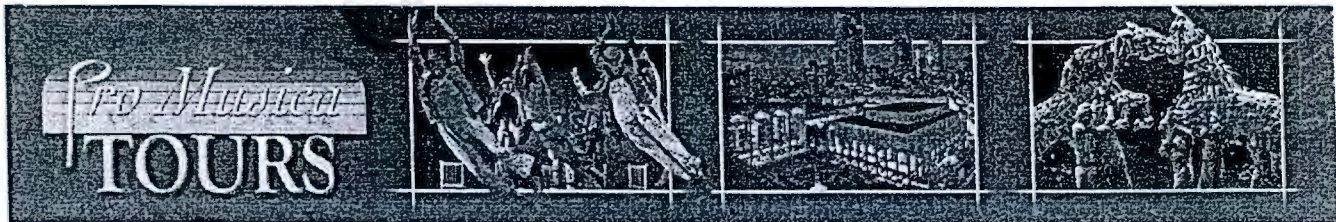
Where does this activity fit into the scope and sequence of course(s)? (i.e. instructional unit for each course to be connected to this activity)

This instructional sequence meets the stated expectations of our Action Plan. The activities will motivate students and scaffold end-of-the-semester curriculum strategies. Direct connection to Performing Arts standards.

Describe strategies that have been used in preparation for this activity and follow-up to the activity to integrate academic and career-oriented instruction.

1) Site reading
2) Dance instruction
3) monologue training
4) dialogue experience
5) play production work

6) Stagecraft design & construct
Follow up: 5 page essay on "what I've learned" include photos of oral presentation. Also post performance critique of each staged production



SKYLINE PERFORMING ARTS
BROADWAY AND BEYOND – NEW YORK CITY TOUR

MAY 18-22, 2015
JAN HUNTER

Your tour will include:

- Round trip air transportation from San Francisco to New York City
- Round trip private coach transportation from the airport in New York to your hotel
- 4 Nights Accommodations The Holiday Inn located on 57th Street between 9th and 10th, Avenues which is within walking distance to Lincoln Center, Columbus Circle, Central Park, Times Square, and the Theater District.
- Daily Breakfast at your hotel.
- A Group Dinner at John's Pizzeria

- Three Broadway Performances in Student Seating (Rear Mezzanine/Balcony). Based on our conversation I would suggest the following:

THE CURIOUS INCIDENT OF THE DOG IN THE NIGHT-TIME

Christopher, 15 years old, has an extraordinary brain — exceptional at math while ill-equipped to interpret everyday life. When he falls under suspicion of killing Mrs. Shears' dog Wellington, he records each fact about the event in the book he is writing to solve the mystery of the murder. But his detective work, forbidden by his father, takes him on a frightening journey that upturns his world.

ON THE TOWN

Set in wartime 1944, *On the Town* chronicles the adventures of three sailors on a 24-hour shore leave in New York City. Their fabulous day-long journey is spurred by a search for sailor Gabey's dream girl, 'Miss Turnstiles.' Along the way, each sailor falls in love with a woman, and with New York City itself.

FINDING NEVERLAND: Performances begin March 2015

When a faltering playwright meets a widow and her four boys in Kensington Gardens, he embarks on a friendship that inspires one of the most beloved stories of all time. Based on the film, *Finding Neverland* follows the real-life relationship between the Llewelyn Davies family and James Matthew Barrie as he writes the revolutionary 1904 play *Peter Pan*, or *The Boy Who Wouldn't Grow Up*.

- **A Private Master Class** with a cast member from your group's featured performances or select industry professionals. Specific curriculum will be confirmed in consultation with you and may be modified based on your group's interest.
- **A Private Dance Class** at Alvin Ailey American Dance Theater
- **Two Talk Backs** with members of the casts following two of your featured performances (Based upon cast availability. Private Meet The Artist Sessions or another Master Class can be substituted).
- **A Private Guided Walking Tour of Central Park:** A walking tour through New York's collective backyard to explore what is the largest work of art in the city. Designed by Olmsted and Vaux as a place for spiritual uplift, today New Yorkers use it for much more. Stops include: the site of Seneca Village, the rocking chair riot, Strawberry Fields, and the Ramble.
- **Visit the Statue of Liberty and Ellis Island:** Your group will travel by ferry to two of the country's most famous landmarks, and have time to explore the Liberty Island and Ellis Island independently.
- The services of a **Pro Musica Tour Coordinator/Concierge** during the entire duration of your stay. Our guides are matched to the specific interests and needs of each group, and all of our tour guides are performing artists in New York who are happy to share their experiences as performers and expertise as New Yorkers with your group.
- **All taxes, tips and gratuities**

PRICING

We are pleased to be able to offer this comprehensive package to your group. Based on the following minimum registrations, the per person price for this package would be:

Based on a minimum of 20 paying participants
\$1799 per person

Please note: As the airlines will not lock-in fares until 14 to 30 days before groups are prepared to go to contract, airfare for your tour has been estimated based on our experience with group rates, and built into your package. While we believe this estimate to be accurate, the pricing for your tour package in this proposal is subject to change based on confirmation of air travel details. We will update you with any changes in the price, which may increase or decrease from this initial proposal. Your total tour package price, including airfare, will be confirmed in writing prior to contracting your group tour. In the unlikely event that the airfare increases significantly from this preliminary proposal, we will work with you to identify the best way to modify your tour plans to keep within your group's budget.

RESERVATION AND PAYMENT SCHEDULE

Typically, we set up a payment plan for our student groups in order to make it easier for everyone. For your group, I would propose the following payment schedule:

\$250 Deposit per person
\$400 2nd payment per person
\$400 3rd payment per person
\$400 4th payment per person
Final payment/Balance

October 20, 2014
November 20, 2014
January 20, 2015
February 20, 2015
March 20, 2015

We have found that the most efficient way to process payments is to have parents pay the school directly, and for the school to issue a single check to Pro Musica to be received in our office on each of the dates outlined above.

REFUNDS, CANCELLATIONS AND INSURANCE

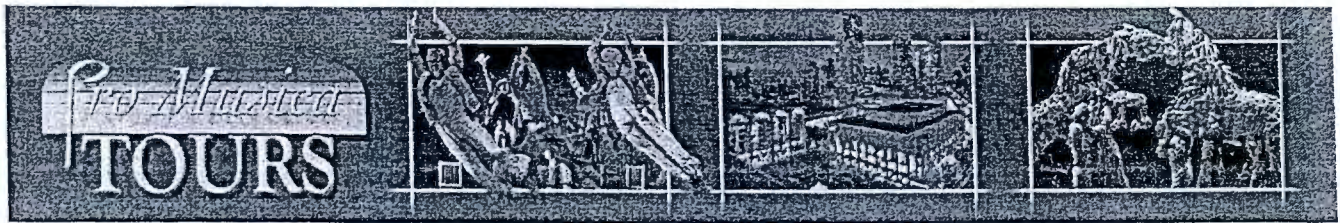
Any cancellations and/or requests for refunds must be made in writing. The postmark of any such notice will be considered the date of cancellation. Pro Musica immediately secures performance and air tickets for your group. For this reason, refunds will be made according to the following schedule:

After Deposit 60 Days Prior to Departure: A full refund, less a cancellation fee of \$250 per person, and the cost of any airline and/or theater tickets that have been purchased on your behalf.

30-60 Days Prior to Departure: A full refund, less a cancellation fee of \$250 per person, the cost of any airline and/or theater tickets that have been purchased on your behalf, and any penalties assessed by hotels and/or any other suppliers.

Less than 30 Days Prior to Departure: No refund.

For additional peace of mind, Pro Musica is pleased to offer a comprehensive cancellation/travel insurance policy for all tour participants in partnership with Travelex Insurance Company. This coverage not only protects your participants in the event of illness (including pre-existing conditions) but even includes a terrorism protection clause, providing the best possible protection of your students' investment. You have the choice of making this coverage optional for your group, or including it as part of the tour package. **The additional cost for this insurance is \$66 per person, under the age of 35.** Please see the attached document titled "Peace of Mind" for additional information about what this insurance includes.



PEACE OF MIND WITH PRO MUSICA TOURS

Comprehensive Insurance for Tour Participants

Pro Musica understands that both parents and teachers want to ensure that students are protected when traveling on school tours. This is why we are pleased to make comprehensive travel protection for tour participants available on a group or individual basis. In partnership with Travelex Insurance, Pro Musica's travel coverage includes protection for:

- **TRIP CANCELLATION / INTERRUPTION (Full value of trip cost)**
 - due to sickness, injury or death of traveler and/or close relative. Pre-existing conditions are included
 - due to unforeseen bankruptcy or financial default of a travel supplier
 - due to a strike that causes complete cessation of services of your common carrier (ie. Airline)
 - due to weather which causes complete cessation of services of your common carrier
 - due to a terrorist incident in your departure city or city of destination within 30 days following the incident
- **TRIP DELAY / MISSED CONNECTION**
 - reimbursement for additional expenses due to such delays
- **EMERGENCY MEDICAL BENEFITS**
 - including sickness and/or injury during your tour
 - including medical evacuation/repatriation
- **BAGGAGE COVERAGE**
 - including loss, theft or damage of baggage, as well as for loss due to unauthorized use of your credit card
 - including reimbursement for purchase of clothing and personal articles due to baggage delay of 24 hours or more
- **ADDITIONAL TRAVEL SOLVE TRAVEL ASSISTANCE**
 - 24-hour medical assistance helpline
 - Baggage Tracking
 - Emergency Cash Transfer

This information is meant to provide you with general information on Pro Musica's coverage for tour members through Travelex. Complete policy details with coverage amounts are included with your group's contract. Your Pro Musica tour coordinator can answer any additional questions you may have regarding this coverage.

- **A Private Master Class** with a cast member from your group's featured performances or select industry professionals. Specific curriculum will be confirmed in consultation with you and may be modified based on your group's interest.
- **A Private Dance Class** at Alvin Ailey American Dance Theater
- **Two Talk Backs** with members of the casts following two of your featured performances (Based upon cast availability. Private Meet The Artist Sessions or another Master Class can be substituted).
- **A Private Guided Walking Tour of Central Park:** A walking tour through New York's collective backyard to explore what is the largest work of art in the city. Designed by Olmsted and Vaux as a place for spiritual uplift, today New Yorkers use it for much more. Stops include: the site of Seneca Village, the rocking chair riot, Strawberry Fields, and the Ramble.
- **Visit the Statue of Liberty and Ellis Island:** Your group will travel by ferry to two of the country's most famous landmarks, and have time to explore the Liberty Island and Ellis Island independently.
- The services of a **Pro Musica Tour Coordinator/Concierge** during the entire duration of your stay. Our guides are matched to the specific interests and needs of each group, and all of our tour guides are performing artists in New York who are happy to share their experiences as performers and expertise as New Yorkers with your group.
- **All taxes, tips and gratuities**

PRICING

We are pleased to be able to offer this comprehensive package to your group. Based on the following minimum registrations, the per person price for this package would be:

Based on a minimum of 20 paying participants
\$1799 per person

Please note: As the airlines will not lock-in fares until 14 to 30 days before groups are prepared to go to contract, airfare for your tour has been estimated based on our experience with group rates, and built into your package. While we believe this estimate to be accurate, the pricing for your tour package in this proposal is subject to change based on confirmation of air travel details. We will update you with any changes in the price, which may increase or decrease from this initial proposal. Your total tour package price, including airfare, will be confirmed in writing prior to contracting your group tour. In the unlikely event that the airfare increases significantly from this preliminary proposal, we will work with you to identify the best way to modify your tour plans to keep within your group's budget.

RESERVATION AND PAYMENT SCHEDULE

Typically, we set up a payment plan for our student groups in order to make it easier for everyone. For your group, I would propose the following payment schedule:

STUDENT TOUR REGISTRATION FORM LIABILITY RELEASE

Student's Name _____

Parent/Guardian's Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Office Phone _____

Fax _____ E-Mail _____

School Name: _____

Tour Code/Travel Dates: _____

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable.
In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature _____

Parent/Guardian's Signature _____

Client Notes: (Please include any student allergies, medications, and/or health concerns): _____

Terms and Conditions: All prices are quoted in U.S. dollars except where other currency is indicated. All prices for international tours are based on present currency exchange rates. In the event of a significant reduction in the value of the dollar relative to any currency, we reserve the right to alter the price of the tour prior to departure. We cannot protect the airfare against possible price increases by the airline prior to our departure, in which case there would be a commensurate additional charge at a later date. All tours are sold as complete packages - tour elements are not available separate from the packages as detailed. Airport transfers are included on all tours outside of the United States. Shuttle ground transportation; the services of an English speaking local guide and an experienced tour director; transportation; accommodations; performance tickets; day tours; and meals as indicated are included on all tours. Tour price does not include U.S. departure tax; visa fees; gratuities to chambermaids, local guides, drivers, and tour leader (all of which are subject to your satisfaction with their services); any item not specifically mentioned; laundry; cables; telephone calls; room service; additional beverage service; meals and transfers not included in the tour. All tour programs are subject to change. Slight changes in the day-by-day itinerary may occur, due to local conditions and/or unexpected operational difficulties beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

voluntarily omitted by any tour member. There is no refund for unused services on air or land arrangements. Insurance: We strongly suggest that you consider purchasing a low-premium passenger travel protection program that includes protection for trip cancellation or interruption; baggage loss, damage or delay; and accidents, emergencies and sickness. This insurance is available through Pro Musica Tours, Inc. Responsibility: Pro Musica Tours Inc., 458 West 52nd Street #1-D, NY, NY 10019, Lawrence Edelson and/or affiliated agents give notice that all tickets and coupons delivered or issued by them, and all arrangements for transport or conveyance, or for hotel accommodations are made by them as AGENTS for the PASSENGER upon the express condition that they shall not be liable for any injury, damage, loss, delay, accident, or irregularity which may be occasioned either by reason of defect in any vehicle or through the act or default of any company or person engaged in conveying the passenger, or any hotel proprietor or employee, or in carrying out the arrangements of the tours or otherwise in connection therewith. No carrier shall have, or incur, any responsibility or liability to any person taking the tour except its liability as a common carrier. The airlines, trains, busses, steamships, and/or other common carriers concerned are not to be held responsible for any act, omission or event during the time the passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

458 West 52nd Street #1D - New York, NY - 10019 - 212.5415122

www.promusicaatours.com



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Ariana K. Wells (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian: 1) 2) 3)

Alternate Emergency Contact Name: Phone Number(s):

Important Data

Student Health Conditions

- Severe Allergy to: Student has an Epi-pen at school
Asthma Student has an inhaler at school Diabetes Student has medication at school
Seizures Student has medication at school Sick Cell Anemia Student has medication at school
Other condition(s): Student has medication at school

Medications needed during the school day:
Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature:
Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.
Date: 1/10/15 Signature: Jan R. Hunter
Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).

2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.



**OAKLAND UNIFIED
SCHOOL DISTRICT**

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Jolanda Chiara Russo

(Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian: ① _____ ② _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student Health Conditions

- Severe Allergy to: _____
- Asthma Student has an inhaler at school Diabetes Student has medication at school
- Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

* Health Insurance Plan Name: _____ Subscriber/Policy No. _____

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:

My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
 My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.²
 Date: 1/10/15 Signature: JAN R. HUNTER
 Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).

² Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Rayna Cooper (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St., N.Y.

Emergency Number(s) for Parent/Guardian: ① _____ ② _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Important Data

Student Health Conditions

- | | |
|---|---|
| <input type="checkbox"/> Severe Allergy to: _____ | <input type="checkbox"/> Student has an Epi-pen at school |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Student has an inhaler at school | <input type="checkbox"/> Diabetes <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures <input type="checkbox"/> Student has medication at school | <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): _____ | <input type="checkbox"/> Student has medication at school |

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

* Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:

My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

My high school student has my permission to arrive at and/or leave the destination on his/her own: _____ arrive _____ leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.²

Date: 1/10/15

Signature: [Signature]

Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).

² Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Kristian A Turner (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian: 1) 2) 3)

Alternate Emergency Contact Name: Phone Number(s):

Student Health Conditions

- Severe Allergy to:
Asthma Student has an inhaler at school Diabetes Student has medication at school
Seizures Student has medication at school Sick Cell Anemia Student has medication at school
Other condition(s): Student has medication at school

Medications needed during the school day:

Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

* Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:

My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature:

Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur. My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip. Date: 1/10/15 Signature: Jan R. Hunter Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).

2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Hayley R. Johnson (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian: 1) 2) 3)

Alternate Emergency Contact Name: Phone Number(s):

Important Data

Student Health Conditions

- Severe Allergy to: Student has an Epi-pen at school
Asthma Student has an inhaler at school Diabetes Student has medication at school
Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
Other condition(s): Student has medication at school

Medications needed during the school day:

Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature: Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.
Date: 1/10/15 Signature: JAN R. HUNTER Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).
2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.
Student Field Trip-Excursion Permission Slip 13-14 Legal Rev. 8/21/2013



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Madeline Taylor (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian: (1) (2) 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Important Data

Student Health Conditions

- Severe Allergy to: _____
- Asthma Student has an inhaler at school Diabetes Student has medication at school
- Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

* Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: _____ Parent or Guardian Signature: _____
Print Name: _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
My high school student has my permission to arrive at and/or leave the destination on his/her own: ___ arrive ___ leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.²
Date: 1/10/15 Signature: JAN R. HUNTER
Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).
² Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Jasmine G. Ramirez
(Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St., N.Y.

Emergency Number(s) for Parent/Guardian: 1. 2. 3.

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Important Data

Student Health Conditions

- Severe Allergy to: _____
- Asthma Student has an inhaler at school
- Seizures Student has medication at school
- Other condition(s): _____
- Student has an Epi-pen at school
- Student has medication at school
- Student has medication at school
- Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

* Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
____ My high school student has my permission to arrive at and/or leave the destination on his/her own: ____ arrive ____ leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.²
Date: 1/10/15 Signature: JAN R. HUNTER
Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).

² Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Shaylah Ellis (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian 1. 2. 3.

Alternate Emergency Contact Name: Phone Number(s):

Student Health Conditions

Important Data

- Severe Allergy to: Student has an Epi-pen at school
Asthma Student has an inhaler at school Diabetes Student has medication at school
Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
Other condition(s): Student has medication at school

Medications needed during the school day:

Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature: Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur. My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip. Date: 1/10/15 Signature: JANE R. HUNTER Print Name: JANE R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).
2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.
Student Field Trip-Excursion Permission Slip 13-14 Legal Rev. 8/21/2013



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Avery Zak (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St, N.Y.

Emergency Number(s) for Parent/Guardian 1. 2. 3.

Alternate Emergency Contact Name: Phone Number(s):

Important Data

Student Health Conditions

- Severe Allergy to: Student has an Epi-pen at school
Asthma Student has an inhaler at school Diabetes Student has medication at school
Seizures Student has medication at school Sick Cell Anemia Student has medication at school
Other condition(s): Student has medication at school

Medications needed during the school day:

Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature:

Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.
Date: 1/10/15 Signature: JANE R. HUNTER
Print Name: JANE R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).
2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.
Student Field Trip-Excursion Permission Slip 13-14 Legal Rev. 8/21/2013



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Nancy Gauthier (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St., N.Y.

Emergency Number(s) for Parent/Guardian: 1) 2) 3)

Alternate Emergency Contact Name: Phone Number(s):

Important Data

Student Health Conditions

- Severe Allergy to:
Asthma Student has an inhaler at school
Seizures Student has medication at school
Other condition(s):
Student has an Epi-pen at school
Student has medication at school
Sickle Cell Anemia
Student has medication at school

Medications needed during the school day:

Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:

My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature:

Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur. My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip. Date: 1/10/15 Signature: JANE R. HUNTER Print Name: JANE R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).

2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION WITHIN CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Payton McLants (Name of Student - please print)

to participate in a field trip on Date(s): 5/17-21-15 to N.Y. City - Manhattan
to: Pro Musica Tours - 410 W. 42nd St. N.Y.

Emergency Number(s) for Parent/Guardian 1. 2. 3.

Alternate Emergency Contact Name: Phone Number(s):

Student Health Conditions

Important Data

- Severe Allergy to: Student has an Epi-pen at school
Asthma Student has an inhaler at school Diabetes Student has medication at school
Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
Other condition(s): Student has medication at school

Medications needed during the school day:

Medications needed after school hours:

Special Instructions:

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: Subscriber/Policy No.

Swim/Water Activities Permission - If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes: No:
My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Date: Parent or Guardian Signature:

Print Name:

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
My high school student has my permission to arrive at and/or leave the destination on his/her own: arrive leave

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.
Date: 1/10/15 Signature: JAN R. HUNTER
Print Name: JAN R. HUNTER

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

1 Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at https://studentinsuranceusa.com/ (click on the link to K-12 Plans).
2 Fingerprinting can be arranged through https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/. For questions email volunteers@ousd.k12.ca.us.
Student Field Trip-Excursion Permission Slip 13-14 Legal Rev. 8/21/2013

STUDENT TOUR REGISTRATION FORM / LIABILITY RELEASE

Student's Name Kristian A Turner
 Parent/Guardian's Name Tammy Turner McMahon
 Address 3312 Delaware St
 City Dallas State/Province CA Zip/Postal Code 94062
 Home Phone 713 703 0436 Office Phone 650 243 2324
 Fax _____ E-Mail tlmac40@gmail.com
 School Name: Skyline High School
 Tour Code/Travel Dates: New York

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature _____

Parent/Guardian's Signature _____

Client Notes: (Please include any student allergies, medications, and/or health concerns): _____

Terms and Conditions: All prices are quoted in U.S. dollars except where other currency is indicated. All prices for international tours are based on present currency exchange rates. In the event of a significant reduction in the value of the dollar relative to any currency, we reserve the right to alter the price of the tour prior to departure. We

voluntarily omitted by any tour member. There is no refund for unused services on air or land arrangements. Insurance: We strongly suggest that you consider purchasing a low-premium passenger travel protection program that includes protection for trip cancellation or interruption; baggage loss, damage or delay; and accidents, emergencies and sickness. This insurance is available

responsibility: Pro Musica at #1-D, NY, NY 10019, and agents give notice that or issued by them, and all conveyance, or for hotel them as AGENTS for the addition that they shall not loss, delay, accident, or oned either by reason of the act or default of any conveying the passenger, or is, or in carrying out the otherwise in connection or incur, any responsibility to tour except its liability as rains, buses, steamships, incurred are not to be held in or event during the time board their planes or to Musica Tours, Inc. and responsibility for losses or by or changes of schedule, time, and other causes. will have to be borne by , performers, and day tours

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION **WU** **MONEY ORDER**
 moving money for better

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado
 Payable at Wells Fargo Bank: Grand Junction - Downtown, N.A., Grand Junction, Colorado

17-084530749

A 724732 D 102014
 T 1932 00
 170845307495 L 000573 \$ 250.00

PAY EXACTLY TWO HUNDRED FIFTY DOLLARS AND NO CENTS
 PAY TO THE ORDER OF Skyline High School AGENT FOR USE
Kristian Turner PURCHASER'S ADDRESS Tammy McMahon PURCHASER'S SIGNATURE
Tammy McMahon BY SIGNING YOU AGREE TO THE TERMS OF THE REVERSE SIDE

⑆102100400⑆ 40170845307495⑈

refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. **PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!**

STUDENT TOUR REGISTRATION FORM LIABILITY RELEASE

Student's Name HAYLEY R. JOHNSON
 Parent/Guardian's Name DOROTHY LONDAGIN / TEFF JOHNSON
 Address 3301 Georgia St.
 City Oakland State/Province CA Zip/Postal Code 94602
 Home Phone (510) 355-6919 Office Phone (510) 302-0096
 Fax _____ E-Mail littledots@yahoo.com
 School Name: SKYLING HIGH.

6396

Tour Code/Travel Dates:

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature _____

Parent/Guardian's Signature _____

Client Notes: (Please include any student allergies, medications, and/or health concerns): _____

Terms and Conditions: All prices are quoted in U.S. dollars voluntarily omitted by any tour member. There is no refund for unused services on air or land arrangements.

ERICA LOUISE NUBER TTEE
 RICHARD H CHAMBERS TRUST
 385 WHITE CAP LN
 NEWPORT COAST, CA 92657

Fidelity Account® 1051
 10/18/14 Date 80-568/1012

Pay to the Order of Skyline High School / Pro Musica Tour \$ 650
Six hundred and fifty dollars Dollars

that you consider travel protection for trip cancellation or delay; and accidents, insurance is available. Pro Musica #1-D, NY, NY 10019, agents give notice that issued by them, and all voyage, or for hotel as AGENTS for the tion that they shall not ss, delay, accident, or id either by reason of act or default of any bying the passenger, or or in carrying out the ervice in connection hour, any responsibility ur except its liability as s, busses, steamships, rmed are not to be held event during the time ward their planes or



Edel

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conditions and/or unexpected operational circumstances beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

STUDENT TOUR REGISTRATION FORM / LIABILITY RELEASE

Student's Name Madeleine Taylor
 Parent/Guardian's Name Stephanie Ouyoumjian
 Address 6415 Heather Ridge Way
 City Oakland State/Province CA Zip/Postal Code 94611
 Home Phone 214-909-6017 Office Phone 972-523-0823
 Fax _____ E-Mail ste.ouy@att.net
 School Name: Skyline H.S. gmail.com
 Tour Code/Travel Dates: 5/18 - 5/22/14

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature Madeleine Taylor
 Parent/Guardian's Signature _____

Client Notes: (Please include any student allergies, medications, and/or health conditions)

Type 1 diabetes
insulin dependent

MATT TAYLOR
STEPHANIE OUYOUMJIAN
4608 CAPE CHARLES DR.
PLANO, TX 75024

10/13/2014 Arden National Park

Skyline High School

Two hundred fifty and No/100 \$ 250.00

JPMORGAN CHASE BANK, N.A.
DALLAS, TEXAS 75201
WWW.CHASE.COM

NY Trip deposit

Madeleine Taylor

94008986214368

member. There is no refund for air or land arrangements. We suggest that you consider passenger travel protection for trip cancellation or delay; and accidents. This insurance is available from Pro Musica Tours, Inc. Responsibility: Pro Musica Tours, Inc. Street #1-D, NY, NY 10019. Related agents give notice that they are not to be used or issued by them, and all travel arrangements are made by them as AGENTS for the condition that they shall not be liable for loss, delay, accident, or damage occasioned either by reason of the act or default of any person conveying the passenger, or by fire, or in carrying out the tour or otherwise in connection with the tour. We have, or incur, any responsibility or liability to any person taking the tour except its liability as a common carrier. The airlines, trains, busses, steamships, and/or other common carriers concerned are not to be held responsible for any act, omission or event during the time the passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

additional coverage service; meals and transfers not included in the tour. All tour programs are subject to change. Slight changes in the day-by-day itinerary may occur, due to local conditions and/or unexpected operational difficulties beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

STUDENT TOUR REGISTRATION FORM - LIABILITY RELEASE

Student's Name Reyna Cooper
 Parent/Guardian's Name _____
 Address 9420 Armstrong Dr. Oakland, CA 94603
 City Oakland State/Province California Zip/Postal Code 94603
 Home Phone (510) 638-0104 Office Phone _____
 Fax _____ E-Mail ronnieco@pacbell.net
 School Name: Skyline Highschool
 Tour Code/Travel Dates: May 18th-22nd

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature [Signature]
 Parent/Guardian's Signature [Signature]
 Client Notes: (Please include any student allergies, medications, and/or health concerns): N/A

Terms and Conditions: All prices are quoted in U.S. dollars except where other currency is indicated. All prices for international tours are based on present currency exchange rates. In the event of a significant reduction in the value of the dollar relative to any currency, we reserve the right to alter the price of the tour prior to departure. We cannot protect the airfare against possible price increases by the airline prior to our departure, in which case there would be a commensurate additional charge at a later date. All tours are sold as complete packages - tour elements not available separate from the tour. Airport transfers are included in the tour price.

voluntarily omitted by any tour member. There is no refund for unused services on air or land arrangements. Insurance: We strongly suggest that you consider purchasing a low-premium passenger travel protection program that includes protection for trip cancellation or interruption; baggage loss, damage or delay; and accidents, emergencies and sickness. This insurance is available through Pro Musica Tours.

United States the service an extra accommo and meal Tour price gratuities to leader (all their service laundry, cat beverage se tour. All tol changes in ti conditions z beyond our Tours, Inc. performances value, with n: Musica Tours, refunded, in further obligat the tour pecl sightseeing, me

Shema L. Cooper
 9420 Armstrong Dr
 Oakland, CA 94603-3020

10/27/14 Date

3166
 11-35/1210 CA
 30069

PAY to the order of Skyline High School \$250.00
 Two hundred and fifty Dollars

Bank of America Valued Customer OVER 25 YEARS
 ACH/RFT 121000358

For New York Trip Shema Cooper

1210003581 00056270255313166

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

STUDENT TOUR REGISTRATION FORM - LIABILITY RELEASE

Student's Name Reyna Cooper's Guardian
 Parent/Guardian's Name Kenya Broadnax
 Address 6149 Majestic Ave.
 City Oakland State/Province CA Zip/Postal Code 94605
 Home Phone (510) 638-5570 Office Phone (510) 643-6262
 Mobile (510) 410-9756 E-Mail Kenya.Broadnax@gmail.com

School Name: Skyline High School
 Tour Code/Travel Dates: May 18 - May 22

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature _____
 Parent/Guardian's Signature [Signature]
 Client Notes: (Please include any student allergies, medications, and/or health concerns): N/A

Terms and Conditions: All prices are quoted in U.S. dollars except where other currency is indicated. All prices for international tours are based on present currency exchange rates. In the event of a significant reduction in the value of the dollar relative to any currency, we reserve the right to alter the price of the tour prior to departure. We cannot protect the airfare against possible price increases by the airline prior to departure.

voluntarily omitted by any tour member. There is no refund for unused services on air or land arrangements. Insurance: We strongly suggest that you consider purchasing a low-premium passenger travel protection program that includes protection for trip cancellation or interruption; baggage loss, damage, and theft.

All tours are sold as not available separate Airport transfers in United States. the services of an experienced accommodations; and meals as included. Tour price does not gratuities to chamber leader (all of which their services); an laundry; cables; take beverage service; in tour. All tour program changes in the day-tours, Inc. reserve performances, meal value, with no further Musica Tours, Inc. will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

KENYA BROADNAX
 6149 MAJESTIC AVE,
 OAKLAND, CA 94605

2528
 90-7400/3211

Pay to the order of Skyline High School \$ 250.00
Two Hundred and Fifty 00/100 Dollars Security Features Details on Back

10/13/2014 Date

United Services CREDIT UNION
 P.O. Box 11597 - 1-800-648-0193
 Pleasanton, CA 94588-1597

Memo NY Trip
Kenya Broadnax Deposit [Signature]

⑆321174000⑆ 0097479070⑈ 2528

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

Simpler. Faster. Friendlier.
 All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

STUDENT TOUR REGISTRATION FORM - LIABILITY RELEASE

Student's Name Nancy Gutierrez

Parent/Guardian's Name Hilda Gutierrez

Address 1660 80th AVE

City Oakland State/Province Ca. Zip/Postal Code 94621

Home Phone (510) 567-8923 Office Phone _____

Fax _____ E-Mail ezequielg050361@yahoo.com

School Name: Skyline Highschool

Tour Code/Travel Dates: _____

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable.
In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature [Signature]

Parent/Guardian's Signature Hilda Gutierrez

Client Notes: (Please include any student allergies, medications, and/or health concerns): _____

Terms and Conditions: All prices are quoted in U.S. dollars except where other currency is indicated. All payments are voluntarily omitted by our member. There is no refund for air or land arrangements. We suggest that you consider passenger travel protection for trip cancellation or change or delay; and accidents, illness, or injury. This insurance is available for purchase. Pro Musica Tours, Inc. Responsibility: Pro Musica Tours, Inc. Street #1-D, NY, NY 10019. Associated agents give notice that this insurance is not provided or issued by them, and all services are provided by them as AGENTS for the insurance company. It is the condition that they shall not be liable for any loss, loss, delay, accident, or injury occasioned either by reason of the act or default of any person conveying the passenger, or by any cause, or in carrying out the tour or otherwise in connection with the tour, or incur any responsibility for the tour except its liability as a member of any tour, or to cancel or to alter the tour. The passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

HILDA MARTINEZ GUTIERREZ
EZEQUIEL GUTIERREZ
1660 - 80TH AVE.
OAKLAND, CA 94621-2336

90-7162/3222
4452876702

DATE 10/19/14 179

PAY TO THE ORDER OF Skyline highschool \$ 250.00

Two hundred fifty and 00/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
Washington Mutual Branch
San Leandro Financial Center
1601 E. 14th Street, San Leandro, CA 94677

[Signature]

MEMO

⑆ 322271627⑆ 4462876702⑆ 0179

Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are beyond our control.

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

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458 West 52nd Street #1D - New York, NY - 10019 - 212.541.5122
www.promuscatours.com

STUDENT TOUR REGISTRATION FORM - LIABILITY RELEASE

Student's Name Shaylah Ellis
 Parent/Guardian's Name Robyn Ellis
 Address 3867 Buell St.
 City Oakland State/Province CA Zip/Postal Code 94619
 Home Phone (510) 393-9425 Office Phone (510) 689-3775
 Fax _____ E-Mail robundellis@yahoo.com
 School Name: Skyline High
 Tour Code/Travel Dates: _____ May 18th - 22nd 2015

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense.
 No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature _____
 Parent/Guardian's Signature _____
 Client Notes: (Please include any student allergies, medications, and/or health concerns): _____

Terms and Conditions: All prices are quoted in U.S. dollars except where noted.

our member. There is no refund for air or land arrangements. We suggest that you consider passenger travel protection for trip cancellation or delay; and accidents. This insurance is available. Pro Musica Street #1-D, NY, NY 10019. Liability agents give notice that they are issued or by them, and all or conveyance, or for hotel by them as AGENTS for the condition that they shall not be liable for loss, delay, accident, or occasioned either by reason of the act or default of any person conveying the passenger, or joyee, or in carrying out the tour or otherwise in connection with the tour, or incur, any responsibility for the tour except its liability as a member of any tour, or to cancel or to alter the tour.

SISTERHOOD 11-35-1210 2127

ROBYN D. ELLIS
 3867 BUELL ST #1
 OAKLAND, CA 94619

Date 10/20/2014

Pay to the Order of Skyline Performing Arts \$ 250.00
Two Hundred & Fifty Dollars

BANK OF AMERICA
 for Shaylah Ellis

Signature: _____

⑆0121000358⑆ 000536467407⑈ 2127

any or unexpected operational difficulties beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

responsible for any act, omission or event during the time the passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

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458 West 52nd Street #1D - New York, NY - 10019 - 212.541.5122
 www.promusicatours.com

STUDENT TOUR REGISTRATION FORM / LIABILITY RELEASE

Student's Name Jasmine G. Ramirez
 Parent/Guardian's Name Alicia Portugal
 Address 2723 Frazier Ave
 City Oakland State/Province CA Zip/Postal Code 94605
 Home Phone 510-569-4223 Cell Office Phone 510-355-2270
 Fax _____ E-Mail leeportugal@att.net
 School Name: Skyline High School

Tour Code/Travel Dates:

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable.
 In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature Jasmine
 Parent/Guardian's Signature Portugal

Client Notes: (Please include any student allergies, medications, and/or health concerns): _____

JUAN JOSE RAMIREZ CASTILLO
 2723 FRAZIER AVE 510-569-4223
 OAKLAND, CA 94605-5111

90-7162 40781
 3222

443

DATE 10-06-14

PAY TO THE ORDER OF Skyline High School \$ 250.00
two hundred and fifty 00/100 DOLLARS

CHASE
 JPMorgan Chase Bank, N.A.
 310 International Blvd.
 Oakland, CA 94601
 www.Chase.com

MEMO New York City Tour
Jasmine G. Ramirez

432222716271: 393089209210443

member. There is no refund for land arrangements. We suggest that you consider passenger travel protection for trip cancellation or change or delay; and accidents. This insurance is available at Pro Musica Tours, Inc. Responsibility: Pro Musica Street #1-D, NY, NY 10019. Related agents give notice that they are not agents of Pro Musica. This insurance is provided on the condition that they shall not be liable for any loss, loss, delay, accident, or other loss occasioned either by reason of the act or default of any employee, or in conveying the passenger, or in carrying out the tour or otherwise in connection with the tour, or incur any responsibility for the tour except its liability as a member of any tour, or to cancel or to alter the tour.

changes in the day-by-day itinerary may occur, due to local conditions and/or unexpected operational difficulties beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

responsible for any act, omission or event during the time the passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

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www.promuscatours.com

STUDENT TOUR REGISTRATION FORM / LIABILITY RELEASE

Student's Name Avery Zak
 Parent/Guardian's Name Colin Zak
 Address 4350 Whittle Ave.
 City Oakland State/Province CA Zip/Postal Code 94602
 Home Phone (510) 482-8740 CELL Office Phone 510-329-3740
 Fax 510 482-6267 E-Mail czak@sbcglobal.net
 School Name: Skyline High School
 Tour Code/Travel Dates: 5/18/14 - 5/22/14

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature Avery Zak
 Parent/Guardian's Signature Colin Zak

Client Notes: (Please include any student allergies, medications, and/or health concerns):

Terms and Conditions: All prices are quoted in U.S. dollars except where other currency is indicated. All prices for international tours are based on present currency exchange rates. Insurance: We strongly suggest that you consider voluntarily omitted by any tour member. There is no refund for unused services on air or land arrangements. passenger travel protection for trip cancellation or damage or delay; and accidents. This insurance is available. C. Responsibility: Pro Musica Street #1-D, NY, NY 10019, listed agents give notice that red or issued by them, and all or conveyance, or for hotel by them as AGENTS for the condition that they shall not age, loss, delay, accident, or occasioned either by reason of the act or default of any in conveying the passenger, or boys, or in carrying out the or otherwise in connection re, or incur, any responsibility at the tour except its liability as s, trains, buses, steamships, concerned are not to be held sion or event during the time on board their planes or Pro Musica Tours, Inc. and

COLIN M. ZAK
 RACHEL L. ZAK
 4350 WHITTLE AVE.
 OAKLAND, CA 94602

90-7162 41320
 3222

2155

DATE 10/17/14

PAY TO THE ORDER OF Skyline High School \$ 250.00
Two hundred fifty and 00/100 DOLLARS

CHASE
 JPMorgan Chase Bank, N.A.
 www.Chase.com

MEMO NY Trip/Master card

Colin Zak

#3222716270 8842711728#2155

...the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

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458 West 52nd Street #1D - New York, NY - 10019 - 212.541.5122
 www.promusicatours.com

STUDENT TOUR REGISTRATION FORM LIABILITY RELEASE

Student's Name Max Londagin Tech Supervisor
 Parent/Guardian's Name _____
 Address 3129 Lynde St.
 City Oakland State/Province CA Zip/Postal Code 94601
 Home Phone (510) 798-1191 Office Phone _____
 Fax _____ E-Mail Oaklandmax091@pro.com
 School Name: Skyline High School
 Tour Code/Travel Dates: May 18-22, 2015

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Max Londagin

MAX W LONDAGIN

102

11-4288/1210 4042
1089645822

10/27/2014
Date

Pay to the Order of Skyline Performing Arts \$ 300.00
Three Hundred dollars and zero cents Dollars



For New York Trip Max Londagin

⑆ 121042882⑆ 1089645822⑆ 00102

member. There is no refund for air or land arrangements. We suggest that you consider passenger travel protection for trip cancellation or delay, and accidents. This insurance is available. Responsibility: Pro Musica Street #1-D, NY, NY 10019. Travel agents give notice that is provided or issued by them, and all in conveyance, or for hotel by them as AGENTS for the condition that they shall not be liable for loss, loss, delay, accident, or death of any person or property occasioned either by reason of

Tour price does not include U.S. departure tax; visa fees; gratuities to chambermaids, local guides, drivers, and tour leader (all of which are subject to your satisfaction with their services); any item not specifically mentioned; laundry; cables; telephone calls; room service; additional beverage service; meals and transfers not included in the tour. All tour programs are subject to change. Slight changes in the day-by-day itinerary may occur, due to local conditions and/or unexpected operational difficulties beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

direct in any vehicle or through the act or default of any company or person engaged in conveying the passenger, or any hotel proprietor or employee, or in carrying out the arrangements of the tours or otherwise in connection therewith. No carrier shall have, or incur, any responsibility or liability to any person taking the tour except its liability as a common carrier. The airlines, trains, busses, steamships, and/or other common carriers concerned are not to be held responsible for any act, omission or event during the time the passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.

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STUDENT TOUR REGISTRATION FOR LIABILITY RELEASE

Student's Name Ariana K. Wells (16906) - 11 grade

Parent/Guardian's Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Office Phone _____

Fax _____ E-Mail _____

School Name: _____

Tour Code/Travel Dates:

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Englewood, Colorado

MONEY ORDER

17-132277017

AGT 751942 LOC 018216 DT 011615 \$ **250.00**

NOT GOOD OVER \$500

PAY EXACTLY TWO HUNDRED FIFTY DOLLARS AND NO CENTS

3700 Kings Road SE, Atlanta, GA

(Ariana K. Wells)
Lulu Lewis

There is no refund or land arrangements. But that you consider sender travel protection for trip cancellation or delay; and accidents. As insurance is available responsibility: Pro Musica Act #1-D, NY, NY 10019. Red agents give notice that or issued by them, and all conveyance, or for hotel them as AGENTS for the condition that they shall not be, loss, delay, accident or loss, or in carrying out the or otherwise in connection with, or incur, any responsibility for the tour except its liability as trains, busses, steamships, concerned are not to be held liable or event during the time on board their planes or Pro Musica Tours, Inc. and no responsibility for losses or delay or changes of schedule, routine, and other causes. We will have to be borne by us, performers, and day tours at notice. The right is reserved to retain any person as a cancel or to alter the tour. Money Order in U.S. Funds. No checks from any account for payment will be sent PLEASE USE A SEPARATE copy the form). Thank You!

MONEY ORDER RECEIPT - NON NEGOTIABLE

AGT 751942 LOC 018216 DT 011615 \$250.00 2HUNDREDS0DOLLARS AND NO CENTS

Payable to: **RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.** For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.

PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) you provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9690.

* 17132277017 *



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP

STUDENT TOUR REGISTRATION FORM LIABILITY RELEASE

Student's Name PAYTON McCANTS
 Parent/Guardian's Name Michael McCANTS
 Address 917-57th ST.
 City OAKLAND State/Province CA Zip/Postal Code 94608
 Home Phone 510-992-9903 Office Phone 510-435-4912
 Fax _____ E-Mail michaelmccants@yahoo.com
 School Name: SKYLINE HIGH SCHOOL
 Tour Code/Travel Dates: MAY-18-22, 2015

Students are expected to follow the guidelines outlined by their school's faculty representative and their Pro Musica tour coordinator. The Parent/Guardian agrees that in the event that a student engages in any behavior or action considered unacceptable (including, but not limited to, illegal drug or alcohol use) by their faculty representative, the student will be removed from the tour and sent home at the Parent/Guardian's expense. No refunds will be issued under any circumstances.

I, understand that, by signing below, my payments are non-refundable. In addition, I have read, understand, and accept all of the terms outlined herein.

Student's Signature *Payton McCants*
 Parent/Guardian's Signature *Michael McCants*
 Client Notes: (Please include any student allergies, medications, and/or health concerns): NONE

Terms and Conditions

OSCAR MC GANTS
 917 57TH ST
 OAKLAND, CA 94608-2801

5556
 11-4288/1210 4039
 0105246482

Date 10/20/14

PAY to the order of SKYLINE HIGH SCHOOL \$ 250.00
 Two Hundred and Fifty 00 Dollars

WELLS FARGO Wells Fargo Bank, N.A. California wellsfargo.com

For PAYTON McCANTS *Oscar McGants*

⑆ 2104 2882⑆ 0105246482⑆ 05556

ur member. There is no refund air or land arrangements. suggest that you consider passenger travel protection action for trip cancellation or image or delay; and accidents. This insurance is available g. Responsibility: Pro Musica Street #1-D, NY, NY 10019, lliated agents give notice that red or issued by them, and all or conveyance, or for hotel by them as AGENTS for the s condition that they shall not age, loss, delay, accident, or easoned either by reason of ugh the act or default of any n conveying the passenger, or loyee, or in carrying out the e, or incur, any responsibility e tour except its liability as a, trains, busses, steamships,

...may occur, due to local conditions and/or unexpected operational difficulties beyond our control. Should it be necessary, Pro Musica Tours, Inc. reserves the right to substitute tours, performances, meals etc. with those of equal or better value, with no further obligation. If, for any reason, Pro Musica Tours, Inc. cancels a tour, your money will be fully refunded, in which case Pro Musica Tours, Inc. has no further obligation. No refunds will be made for any part of the tour package purchased by the client, such as sightseeing, meals, performances, transfers etc., which are

PLEASE NOTE: All Deposits must be made by Bank Draft or Money Order in U.S. Funds. American Bank Checks will be accepted subject to approval and clearance. No checks from any other countries including Canada can be accepted. A confirmation and receipt for payment will be sent to you when your registration has been received and accepted. PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH TOUR PARTICIPANT (feel free to photocopy the form). Thank You!

... COLONIAL CLASSIC
 ... carriers concerned are not to be held responsible for any act, omission or event during the time the passengers are not on board their planes or conveyances. The aforesaid Pro Musica Tours, Inc. and Lawrence Edelson can accept no responsibility for losses or additional expenses due to delay or changes of schedule, weather, strikes, war, quarantine, and other causes. All such losses or expenses will have to be borne by the passenger. All performances, performers, and day tours are subject to change without notice. The right is reserved to accept, to decline or to retain any person as a member of any tour, or to cancel or to alter the tour.