

STUDENT PERMISSION, PARENT REFUND ACCEPTANCE
SIGNATURE, PAYMENT FORMS

RETURN WITH DEPOSIT * At school on May 9-10 or mail with payments

(Student) _____ has my permission to participate in this activity. I have read, understand & accept all refund policies.

(Parent/Guardian) _____ Date: _____

SCHOOL: Jackson 8th Grade Washington DC/Gettysburg Tour October 22-23-24, 2024

AMOUNT: \$100.00 Non-Refundable Deposit: Due May 9-10, 2024

CHECK PAYABLE TO: Traveling Classrooms * Please write student name on memo area of check

CK # _____ Cash: _____

ELECTRONIC PAYMENT AMOUNT: _____

• Email Address: _____

MAILING: Traveling Classrooms PO Box 35926 Canton, Ohio 44735

2nd PAYMENT FORM

RETURN WITH PAYMENT * Only return if paying by check or cash

SCHOOL: Jackson 8th Grade Washington DC/Gettysburg Tour October 22-23-24, 2024

STUDENT NAME: _____

AMOUNT: \$150.00 Due: July 12, 2024

CHECK PAYABLE TO: Traveling Classrooms * Please write student name/school on memo

• CK # _____ CASH: _____

ELECTRONIC PAYMENT AMOUNT: _____

• Email address: _____

MAILING: Traveling Classrooms PO Box 35926 Canton, Ohio 44735

BALANCE PAYMENT FORM

RETURN WITH PAYMENT * Only return if paying by check or cash

SCHOOL: Jackson 8th Grade Washington DC/Gettysburg Tour October 22-23-24, 2024

STUDENT NAME: _____

AMOUNT: \$220.00 Refundable Balance Due September 12-13th, 2024

CHECK PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ Cash: _____

ELECTRONIC PAYMENT AMOUNT: _____

• Email Address: _____

MAILING: Traveling Classrooms PO Box 35926 Canton, Ohio 44735