

2 February, 2012

Dear Parents and Students,

On Wednesday, April 25, 2012, the Music Department will travel to New York City to attend a performance of "MARY POPPINS" at the New Amsterdam Theatre. Tickets for this performance are available on a first come, first served basis, and cost **\$155.00** each. This includes bus transportation/driver tip to and from New York, and tickets in the front mezzanine level (*great seats!!!*). Note: this price does NOT include any meals, or souvenirs.

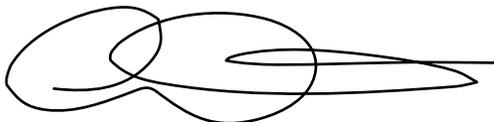
To secure your place on the trip, a deposit of **\$75** is due on or before **FRIDAY, FEBRUARY 17, 2012**. You are welcome to pay for the entire trip at once (it certainly makes life easier for us), and may also choose to apply your band/chorus fundraiser money towards this trip. An up to date list of account balances will be posted on the band and chorus websites shortly. Please send your deposit with students, or mail to: Mr. Gregg Charest, 930 Nooseneck Hill Road, West Greenwich, RI 02817

We are in need of 1 chaperone for every 5 students who attend this trip, so all parents are certainly welcome (and must fill out and pass the district's background check). Chaperones should also send a \$75.00 deposit at this time.

If you have financial concerns, we may be able to help. Please email Mr. Charest (Gregg_Charest@ewg.k12.ri.us) or Mr. Runner (Ronald_Runer@ewg.k12.ri.us) immediately to arrange for your attendance.

A more detailed itinerary will be sent out once your place on the trip is confirmed. I hope you are excited and able to attend!

Best Regards,



Mr. Gregg Charest
Director of Bands
EWG Regional School District

_____ has my permission to attend the Junior/Senior High Band trip to New York City on Wednesday, April 25, 2012. I understand that all school rules (as outlined in the student handbook) are in effect. Failure to follow all rules and instructions may result in disciplinary action. **I also understand that all monies are non-refundable if I cancel my participation in this trip.** PLEASE INCLUDE A CHECK MADE OUT TO: P.O.P.S. in the amount of \$75 per person.

Student Signature

Parent Signature

If chaperone is attending:

Chaperone Name: _____ **Chaperone Cell Phone#:** _____

Chaperone Email: _____

PLEASE NOTE that any services or required aids that would make this trip and these activities more accessible for your child must be disclosed on the reverse side of this form. **Medical situations such as allergies and medications MUST ALSO be noted on the reverse side of this form. All students requiring EPI-Pens and/or inhalers will not be allowed to attend this trip unless they carry these items on their person.**