

Southern History Tour Agreement

Return with deposit by 09/28/18.

Student's Name: _____

Parent's Name: _____

Home Phone #: _____

Parent's Email: _____

Work Phone # Dad: _____

Work Phone # Mom: _____

Primary Doctor's Name: _____

Doctor's Phone #: _____

Special Medical Needs/Restrictions: _____

PERMISSION IS GIVEN TO PROVIDE MEDICAL ATTENTION (IF NEEDED) TO MY CHILD.

_____ Date: _____
Parent Signature

Payment amount submitted: _____

Option: 1 2 (CIRCLE ONE)

Tax Credit: YES _____ NO _____

Please read and sign.

We must be able to completely trust each student to strictly follow instructions and obey the rules of good behavior. Any student who does not follow all instructions or disobeys the rules will not complete the tour with the group. You will be called to pick up your son/daughter.

I have read this information and agree to be honorable and obedient in all that I do.

Student Signature

I understand that if my child breaks the rules, I will be required to pick him/her up and bring them home.

Parent Signature

Date