

**PORTUGAL/SPAIN 2020**

**AGREEMENT:**

This document constitutes an official commitment to be part of the CRHS North Choral Activities Concert Tour of Portugal and Spain, February 9 – 16, 2020. By entering into this contract, you agree to the following conditions:

1. Estimated payments totaling **\$3295** (based on air taxes and fuel agreements as of 1/14/19) will be made according to the payment schedule outlined in the tour brochure and our website.
  - a. Air taxes and fuel supplements are subject to change.
  - b. Earned fundraising credits will be applied per the payment/fundraising credit schedule.
  - c. Checks made payable to "CRNCPA" can be dropped off at the school on payment nights OR mailed to the CRNCPA post office box listed at the bottom of this contract. Please DO NOT mail cash.
  - d. Payments may also be accepted through our credit card processor link on the CRNCPA website: [www.northchoirs.org](http://www.northchoirs.org). *Credit card payments are subject to a convenience fee.*
  - e. Optional Insurance Upgrades are additional fees.
  - f. Price is based on a Double Occupancy. Single Room Supplements are an additional **\$500**.
2. Students will maintain behavior consistent with Council Rock High North School rules and regulations.
3. All students must attend a MANDATORY pre-trip meeting with a parent on a date to be announced.
4. Parents accompanying their child should understand that this is a student-centered trip. They should understand in advance that all decisions made prior to and during the trip reflect the students' best interest first.

**CANCELLATION POLICIES:**

Any cancellations must be communicated in writing to Mr. Williams. The following penalties will apply:

**Cancellation Fees**

- 50% of funds paid by the passenger will be refunded from receipt of the first payment until the date prior to the due date for the final payment.
- The insurance premium is not refundable.
- LAST DAY to Cancel with ANY Refund October 30, 2019

Cancellation fees may be recoverable through Travel Insurance, for covered reasons only  
*(See Insurance Description)*

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**PRINT** CRHSN CHOIR STUDENT NAME

\_\_\_\_\_  
TRAVELER'S DATE OF BIRTH

\_\_\_\_\_  
**PRINT** TRAVELER'S FIRST & LAST NAME

\_\_\_\_\_  
TRAVELER EMAIL (Print in Block Letters)

\_\_\_\_\_  
TRAVELER **SIGNATURE**

\_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
PARENT/GUARDIAN **SIGNATURE** (if applicable, For travelers under age 18)

\_\_\_\_\_  
TOWN, STATE & ZIP

**Mail Checks to:**  
**CRNCPA**  
**2110 South Eagle Road**  
**Store #10 Box 345**  
**Newtown, PA 18940**

\_\_\_\_\_  
DATE