

**RETURN THIS FORM TO OLIVIA DODSON WITH PAYMENT BY FEBRUARY 28, 2017**

Financial Commitment Form  
2017 FISD Career Development Events Spring Trip  
**Parker Co Invitational & Tarleton Invitation CDE Contests**

The Parker Co Invitational (Wednesday, April 5, 2017) and Tarleton Invitational (Thursday, April 6, 2017) will be an overnight trip. We will depart from the CTE Center at 5:00AM on April 5<sup>th</sup> and will return to the CTE Center around 6:00PM on April 6<sup>th</sup>. Times may vary.

**The cost of this trip is \$64.00** (cash only). This fee includes hotel stay for one night as well as 1 meal. Breakfast will be free at the hotel and students should bring money for one additional meal and any snacks or souvenirs. If this financial commitment form is not returned by the date given by your teacher, you may not be eligible to attend the event.

Note that the total cost **does not** include all meals, personal items, souvenirs, pictures, etc.... Plan accordingly for these items.

Please return this form and cash payment by **Tuesday, February 28, 2017** payment must be submitted along with this agreement form. *This form will also serve as the permission slip for the trip.*

**No refunds** will be given after payment is received. If you do not attend the trip, you will not receive a refund. The estimated cost of the trip is dependent upon the number of students signed up. It is not feasible to return a fund if a student backs out because it will increase/impact the cost for 45+ other people.

**2017 FISD FFA Career Development Event Trip Financial Agreement**

I have read and understand this financial commitment form, including the refund and cancellation policies. I commit to attending Parker Co Invitational and Tarleton Invitational Wednesday, April 5-Thursday, April 6, 2017. Please sign and return this form with cash payment by **Tuesday, February 28, 2017**.

All students will travel and stay with Frisco ISD for the entire duration of the trip.

Student ID Number: \_\_\_\_\_

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_