

HOLLYWOOD TRIP PACKET

Hollywood Trip Permission Slip February 24th-February 26th 2022

Purpose of Field Trip

The Annual GTE Hollywood Trip is designed to give students an opportunity to experience professional theatre, film and television in a national theatrical center. Students will see shows that they cannot see in Arizona, explore the town where so many professionals work to create exciting new theatre, and learn directly from those professionals. In addition, this trip serves to strengthen our Gilbert High School theatre community by allowing students from different classes to share a unique experience without the competition of extra-curricular productions.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Signing means that you are:

- Giving permission to your student to attend the GTE Overnight Hollywood Field Trip on 2/24/2022 – 2/26/2022
- Agree to pay the cost of the trip, which is \$645.00 total. Tax credit money is accepted.
 - 1st Deposit \$275 due Dec 7th
 - 2nd Payment \$220 due Jan 11th
 - 3rd Payment \$150 (Final Payment) due January 21st, 2022.
- All money is due by January 21st, 2022. The first \$275 holds your spot and applies to the total. Signing this agreement signifies that you understand that payment is non-refundable unless the trip is canceled. This includes any Covid, and/or other illness- once tickets are purchased they are non-refundable from the vendors. The cost covers transportation, breakfast at the hotel, hotel accommodations, admission to the following: Disneyland, ComedySportz, WarnerBros, and Segerstrom Theatre.
- I understand by signing this form that my son and/or daughter must abide by business COVID protocols when in California.
- School rules apply during the field trip and failure of a participant to abide by these rules can result in being sent home from the trip at the participant's own cost.

Parent/Guardian Contact Info

Student's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Contact Information:

H. _____ W. _____ C. _____

E-Mail: _____

**Medical release form is attached separately and due with this permission.*