Epsilon Delta FRC Team 116

Spring 2016 Travel

**General Information:**

Haymarket, VA March 4-6 and Doswell, VA March 24-26

District Championship, if we qualify, April 6-7

St. Louis: April 22-24, if we qualify, $500-$600. Depending on fundraising and number of students going.

All Students attending MUST ride the bus.

**Additional Expenses:**

lunch and snacks on competition days. Pre-order lunch options and evening events, like team socials, will be announced closer to competition dates.

***Tuesday, March 1, 2016***

**Mandatory Travel Meeting:** All traveling students with a parent/guardian and mentors need to be present.

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment** | **Due Date** | **Student Amount** | **Adult Amount** |
| **1** | Kick off day:January 9, 2016 | $50 for Haymarket$50 deposit for Doswell-non refundableRegistration Forms dueRequest for Financial Aid due. (Provide a copy of FRL letter) | $50 for Haymarket$50 for DoswellIntent form due |
| **2** | Tues, Jan 26 | $200Permission Slip/ luggage search dueAfter Jan 26 you are **obligated to pay the remaining Balance.**Missing this payment may put you on a “space available” list.  | 50% of final cost |
| **3** | Tues, Feb 9 | TBD (not to exceed $150) | 50% of final cost |

*If you need alternate payment plans for any reason*

*contact the Faculty Advisor ASAP.*

Chaperones are needed to travel with the team. Please indicate your willingness to chaperone on the registration form. Number of chaperones is dependent on the number of students going. Chaperone fee is the same as the student fee for the travel trip, there is no charge to chaperones that go to Haymarket.

Any questions about the trip can be directed to the faculty advisor Ms Floyd: JPFloyd@fcps.edu or Kirsten Frostad: KMFrostad@fcps.edu or nirnccu@msn.com

**Make checks payable to HHS**

**Note student name and “Team 116” in the memo line**

Epsilon Delta FIRST Team 116 Registration

Complete ALL information, neatly print name and e-mail. It is your responsibility to inform faculty advisor of any changes in information.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_ Male Female

\_\_\_\_ Haymarket $50.00 deposit (final cost TBA) \_\_\_\_\_ Doswell $50.00 **All students MUST ride the bus.**

If you wish to apply for a travel grant, please attach a copy of your Free/Reduced Lunch Eligibility Notification Letter.

Student Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Please contact trip coordinator with any changes***

(Complete contact information for one parent/guardian is required)

1. Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes, I am available to chaperone\*

\_\_\_\_Home

\_\_\_\_Cell

\_\_\_\_Work

Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Trip information and updates will be sent to this e-mail, and student e-mail)

2. Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Yes, I am available to chaperone\*

\_\_\_\_Home

\_\_\_\_Cell

\_\_\_\_Work

Parent Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Please include this e-mail for trip information and updates

(\*Chaperone need is based on number of students going. We will let you know ASAP. Chaperone fees TBD)

Per FCPS policy, students may **NOT** carry any medications except approved emergency medications (Epi-pens, rescue inhalers, and glucagon). The following medications will be available to students upon request. Please check ***only*** those medications you give permission for your child to receive. Parents must provide any alternate OTC.

\_\_\_\_ Tylenol (Acetaminophen) \_\_\_\_ Advil/Motrin (Ibuprofen)

\_\_\_\_ Pepto Bismol (Bismuth Subsalicylate) \_\_\_\_ Benadryl (Diphenhydramine)

**OR**

 \_\_\_\_ None. I should be called, at any time, prior to my child receiving any medication.

**Note:**  You will be called if no choice is made.

\_\_\_\_We are aware of the percentage of hours required to be allowed to participate in competitions. Travel may be denied if hours do not meet minimum requirement of 80% core hours. Refunds are not given if core hours are not met.

\_\_\_\_We have read the itinerary for this trip. We understand the due dates of trip payments. We understand deposit refunds will not be given after Kick off. Students have until Jan 16 to withdraw from the trip. After this date, families are obligated to pay the final balance.

\_\_\_\_We are aware that FCPS SR&R applies throughout the trip, a student sent home is at the expense of the parents.

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

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

Coordinator Use Only: \_\_\_\_SS/SE 3 \_\_\_\_Reg CVA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NVA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 152

Time %: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / CVA: \_\_\_\_152 \_\_\_\_143 #\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_