

STUDENT PERMISSION, PARENT REFUND ACCEPTANCE SIGNATURE, DEPOSIT FORM

RETURN WITH DEPOSIT

(Student) _____ has my permission to participate in this activity.
I have read, understand & accept all refund policies.

(Parent/Guardian) _____ Date: _____

SCHOOL: Jackson 7th Grade Columbus Tour May 9, 2022

AMOUNT: \$50.00 DEPOSIT: Due November 22-23, 2021 at school.

CHECK PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ Cash: _____

Or Electronic VENMO Payment: _____

RETURN WITH PAYMENT

TRAVELING CLASSROOMS Balance Form

SCHOOL: Jackson 7th Grade Columbus Tour May 9, 2022

STUDENT NAME: _____

AMOUNT: \$30.00 Due April 7-8, 2022 at school

CHECK PAYABLE TO: Traveling Classrooms

* Please write student name on memo area of check

CK # _____ Cash: _____

Or Electronic VENMO Payment: _____

* Advance Deposit-Balance Payments mailed to
Traveling Classrooms

PO Box 9568 Canton, Ohio 44711