

Choir Trip to Broadway—Information and Permission Slip

Dear Parent(s)/Guardian(s) of NPHS Choir Members,

The NPHS Choir will be taking a trip to New York City on **Wednesday, April 18th**. The bus will leave the High School at **9:00am** and will return by **7:30pm**. We will be seeing the Broadway musical **Waitress** at the Brooks Atkinson Theatre located at 265 West 47th Street. The 2.5 hour show begins at 2:00pm. We will be dropped off near Times Square, spend a couple of hours window shopping and having lunch, and then walk to the theatre. The bus will pick us up near the theatre after the show and we will head back to NPHS.

We were lucky to receive a special group rate for this show. The Choir students have worked hard this year to fundraise, and we are luckier still to be able to take even more off the price of each ticket due to their efforts. Therefore, the cost of each ticket will be **\$44**. Checks can be made out to **NPHS Chorus**. Cash is also accepted. It is important to note that **ticket money is NON-REFUNDABLE!!!!** Once tickets are purchased, the theater will make **NO** refunds. In the event of a school closing, the trip will be canceled and there will be **NO** money refunded. (**Some students did not contribute to our fundraising efforts. These students will be required to pay the full **\$54** for their ticket.)

Please tear off the attached page, fill it out, and return it to me by **Tuesday, January 23rd**. All payment must be turned in by then as well. The tickets will be purchased that day, and no changes can be made. This is **not** a mandatory trip. If your child cannot or does not wish to join us, that is completely fine. If you have any questions, please feel free to contact me at:

nfoti@newpaltz.k12.ny.us or (845)256-4141.

Thank you!

Nicole Foti

I, the parent/guardian of _____ give
permission for my son/daughter to attend the NPHS Choir Trip to NYC (as per above).
A check or cash in the amount of **\$44 (or \$54)** is enclosed. **I understand that the
ticket money is NOT refundable.**

Parent/Guardian Signature

Date

Please provide the following information:

Emergency contact number: _____

Student cell phone number: _____

Allergies: food _____
other _____

Any additional information that Mrs. Foti should know: