

# *Just A Spoon Full of Sugar...*



## **Mary Poppins Broadway Trip**

**Wednesday, November 10**

**\$100 per person**

**Due to Ms. Jason by Monday, September 27.**

**Act Now!!**

The Liberty Instrumental Music Department will take an (optional) trip to Broadway to see Mary Poppins on November 10. Seating is front mezzanine- the best seats in the house for this particular show as it's in her "fly" zone and the chimney sweeps dance all around. The trip is open to any Liberty Instrumental Music student (including all marching band members) and parents who have completed volunteer training by Monday, October 25.

Total cost is \$100 per person, which includes ticket price and transportation. Tickets are not sold separately. Submit permission slip and payment ASAP- tickets go extremely fast. No refunds unless someone purchases your spot. No refunds from the theatre unless NYC is closed down due to severe inclement weather or other circumstance.

## ***Chaperone Form***

Chaperones must be 18+ years of age and may include parents, family, or friends of the family. Chaperones are responsible for supervising a group of assigned students at all times. At no time is a group of students allowed to roam the rest stop or city alone. Chaperones must complete volunteer training by Monday, October 25 otherwise all money is forfeited and the person unable to go on the trip. CCPS employees do not need volunteer training.

Please complete the form below and submit the \$100 ticket fee. Chaperones do not fill out permission slips- only students.

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### **Chaperone Information**

Name of Chaperone: \_\_\_\_\_

Name of Student Associated with Chaperone: \_\_\_\_\_

Chaperone Phone Number: \_\_\_\_\_

Chaperone Email: \_\_\_\_\_

CCPS Employee: Y \_\_\_ N \_\_\_

Date of Volunteer Training: \_\_\_\_\_

I will take a Volunteer Training session ASAP: \_\_\_\_\_

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### **Additional Chaperone Information**

Name of Chaperone: \_\_\_\_\_

Name of Student Associated with Chaperone: \_\_\_\_\_

Chaperone Phone Number: \_\_\_\_\_

Chaperone Email: \_\_\_\_\_

CCPS Employee: Y \_\_\_ N \_\_\_

Date of Volunteer Training: \_\_\_\_\_

I will take a Volunteer Training session ASAP: \_\_\_\_\_

**Submit form to Ms. Jason along with payment & your student's permission slip.**