

Oshkosh West High School Bands

New York City Trip Cancellation Form

Traveler Contact Information (Please Print Legibly)

First Name: _____ Middle Name: _____ Last Name: _____

Parent/Guardian Contact Information (Please Print Legibly)

Name: _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Cancellations and Refunds *Refund requests must be received in writing on this cancellation form (not emailed or through phone call). For those enrolled in the CFAR trip insurance, refunds are available based on it's protocols. For those who chose not to enroll in the CFAR trip insurance through Bob Rogers Travel, no refunds are available.*

****Fundraised profit cannot be returned to the student or parent/guardian for any reason.****

Parent/Guardian, read and initial each statement signifying your understanding:

_____ My child will not be participating in the 2024 OWHS Band trip to New York City.

_____ I understand the availability of refunds.

_____ I understand that notification must be submitted in writing (not by phone or email) on this cancellation form to be removed from the trip and to be eligible for refunds per the above refund schedule.

Reason(s) for cancelling:

Parent Signature _____ Date _____

Student Signature _____ Date _____