

2017 -2018 Eldorado High School Mighty Eagle Band – Trip Deviation Form

Please fill out one form for each deviation. (PLEASE PRINT)

Student's Name: _____ Date of Deviation: Month _____ Day _____

Event: _____

Who will be picking up your child from the event?

Name _____ Relationship: _____

Their Cell phone number with area code: (_____) _____ - _____

What time will student be picked up? _____ Pick- Up Location: _____

I understand that my child will be deviating from the scheduled itinerary, and I hereby give permission for the above stated deviation only. I understand that it is mandatory for all band students to check-out with Mr. Bostwick or Ms. Saunders before leaving the band trip/event. The designated person above needs to pick up my child in the presence of one of the directors.

SIGNED (Parent/Guardian) _____ **Date** _____

Their Cell phone number with area code: (_____) _____ - _____

Director Use only: _____

2017 -2018 Eldorado High School Mighty Eagle Band – Trip Deviation Form

Please fill out one form for each deviation. (PLEASE PRINT)

Student's Name: _____ Date of Deviation: Month _____ Day _____

Event: _____

Who will be picking up your child from the event?

Name _____ Relationship: _____

Their Cell phone number with area code: (_____) _____ - _____

What time will student be picked up? _____ Pick- Up Location: _____

I understand that my child will be deviating from the scheduled itinerary, and I hereby give permission for the above stated deviation only. I understand that it is mandatory for all band students to check-out with Mr. Bostwick or Ms. Saunders before leaving the band trip/event. The designated person above needs to pick up my child in the presence of one of the directors.

SIGNED (Parent/Guardian) _____ **Date** _____

Their Cell phone number with area code: (_____) _____ - _____

Director Use only: _____