



## WJHS-BPA 2022 Disney Trip Parent/Sibling Intent to Travel

### Financial Responsibilities of the WJHS Band Parents Association

The WJHS-BPA is responsible for providing the majority of the funding necessary for instrument repair, equipment, music, additional instruction and travel expenses for our students. This is accomplished through our Incidental Expenses Program and General Fundraising efforts. *Each family is asked to participate in both the Incidental Expenses Program and the General Fundraising efforts.*

### Incidental Expenses Program:

I (we) understand that the WJHS-BPA asks the families of each student to participate in the Incidental Expenses Program through direct contributions **and/or** participation in designated fundraisers. The Incidental Expenses Program provides the majority of our funding. I (we) acknowledge that information about the WJHS-BPA Incidental Expenses program has been shared with me (us) and that I (we) understand that Incidental Expenses account information will be provided regularly and upon request. I (we) understand that there are ongoing opportunities to earn the Incidental Expenses contribution through designated fundraisers. I (we) also understand that I (we) will be asked to cover additional student's expenses incurred outside the Incidental Expenses program such as meals, shoes, personal undergarments, Winter Guard, Indoor Drumline, and Concert Band. I (we) understand that in order to have a slot for the Disney Trip, all payments must be made in full and on time.

The Incidental Expenses payment schedule for 2022 Disney is as follows:

Quad	Triple	Double	Single
\$200 Due 8/12	\$200 Due 8/12	\$200 Due 8/12	\$200 Due 8/12
\$200 by 10/1	\$200 by 10/1	\$200 by 10/1	\$300 by 9/1
\$200 by 11/1	\$200 by 11/1	\$200 by 11/1	\$300 by 10/1
\$200 by 2/1	\$200 by 2/1	\$200 by 2/1	\$300 by 11/1
Balance by 3/1	Balance by 3/1	Balance by 3/1	\$300 by 2/1
			Balance by 3/1

Parent Name: \_\_\_\_\_

Sibling Name: \_\_\_\_\_

Minor Age at time of travel: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Traveling as: \_\_\_\_\_ Chaperone  
 \_\_\_\_\_ Attending Parent  
 \_\_\_\_\_ Attending Sibling

Date: \_\_\_\_\_



# Band Parent Association

65 Glen Road, PMB 225  
Garner, NC 27529

I would like to reserve the following for Disney Travel

Bus Transportation (please reserve me a seat)

Hotel Room     3 nights     4 nights

Quad (4) Occupancy

Triple (3) Occupancy

Double Occupancy

Single Occupancy

Chaperone/ Sharing (Based on availability)

Park Tickets

Food on Park Days (\$50 per day)

Parent/ Sibling Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\_\_\_\_\_

Payment made \$ \_\_\_\_\_ Date: \_\_\_\_\_

Cash

Check # \_\_\_\_\_

Zelle

Paypal

Payment Verified by: \_\_\_\_\_ (BPA Board)