



# Carlisle High School Band

Mr. Byron Mikesell, Director

## 2015 Disney/Cape Canaveral Trip Orlando, Florida

### Trip Intent Form – SIDE A

#### Student – Family – Alumni Information

(Please submit this form to Mr. Mikesell at your convenience – OR along with your trip deposit)

**Name of Student(s):**

1. \_\_\_\_\_ Grad. Year (circle) '16, '17, '18, '19, '20

2. \_\_\_\_\_ Grad. Year (circle) '16, '17, '18, '19, '20

**Additional Trip Participants**

1. _____	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Alumni Option
2. _____	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Alumni Option
3. _____	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Alumni Option
4. _____	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Alumni Option
5. _____	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Alumni Option

#### Who should receive trip updates and information?

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Rooming Options (STUDENT) :

- Quad (4 to a room)
- Triple (3 to a room)
- Double (2 to a room)
- Single (1 to a room)

#### Rooming Options (ADDITIONAL PARTICIPANTS):

- Quad (4 to a room)
- Triple (3 to a room)
- Double (2 to a room)
- Single (1 to a room)

# Carlisle High School Band

*Mr. Byron Mikesell, Director*

## 2015 Disney/Cape Canaveral Trip

Orlando, Florida

### **Trip Intent Form – SIDE B**

Other Items

Special Considerations,  
travel variances, food allergies  
special needs, travel variances,  
etc.etc.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---

Questions:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---