

# VDS Ensemble & Juniors Cincinnati Trip

Saturday, February 16– Monday, February 18

## Trip will include:

- Transportation to & from Cincinnati (volunteer chaperones needed)
- 2 night stay @ Westin Cincinnati or nearby hotel (with indoor pool)
- Dinner Saturday & Sunday, Breakfast snacks Sunday & Monday (Sunday lunch on your own/bring \$)
- Dance Class (Ensemble members) or educational dance experience (Juniors)
- Sunday night show of Sleeping Beauty by the Cincinnati Ballet
- & Extra time for shopping, swimming, ice skating, relaxing, socializing, etc.

\*We will leave VDS promptly at 4pm on 2/16 and return around 12pm on 2/18. (This way dancers can attend all Saturday and Monday classes.)

Thanks to all the hard work the dancers WILL put in to the fundraiser, the **Total cost for dancers is only \$70!** Additional details, daily timeline, and dance class permission slips (if needed) will be communicated before the trip.

**In order to get discounted group tickets for the ballet, we need all payment and forms turned in by Saturday, January 19th.**

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Dancer Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Are you interested in chaperoning? \_\_\_\_\_

I, a parent or guardian of \_\_\_\_\_, authorize VDS staff or Parent Chaperone to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of a licensed physician or surgeon if necessary.

Emergency Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_

**Any child who will be taking prescription medication, require assistance with their medication, or will handle their own medication during this trip must fill out the following:**

My child will need to take the following medication during this trip \_\_\_\_\_  
\_\_\_\_\_

My child will need assistance\* with taking medications and the instructions are as follows \_\_\_\_\_  
\_\_\_\_\_

*\*Please provide medication in labeled ziploc bag to Traci Broman upon meeting at VDS on 2/16*

My child has allergic reactions to the following items (i.e. medication, food, etc.) \_\_\_\_\_  
\_\_\_\_\_

Any additional comments, information, or notes that will help us ensure a successful and safe experience for all dancers:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date of Signature

**\$70/dancer & \$40/chaperone** (chaperones are only asked to cover the cost of their show ticket)

Method of Payment (Cash, CC, or check (made out to VDS)) \_\_\_\_\_ Date \_\_\_\_\_