



Chaperone Registration

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| <input type="checkbox"/> Carowinds Trip (C) | <input type="checkbox"/> Florida Trip (FL) |
| <input type="checkbox"/> Concert Festival (CF) | <input type="checkbox"/> Region Band (R) |

Cario Band Booster Only: Each volunteer must be assigned an ID# in Charms (use C, FL, CF or R + year+# i.e. ~ FL201201)

Chaperone ID#:

Parent First Name	Middle Initial	Last Name
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Student Name	Student Grade ~ Select Grade <input type="checkbox"/> 6B <input type="checkbox"/> 6W <input type="checkbox"/> 7B <input type="checkbox"/> 7W <input type="checkbox"/> 8
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Home Phone	Cell Phone	Work Phone
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Email	<input type="checkbox"/> Female <input type="checkbox"/> Male
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T-Shirt ~ Florida & Carowinds ~ check one	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL
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<input type="checkbox"/> Complete Field Trip Chaperone Form ~ CCSD	<input type="checkbox"/> Attach payment Florida Cost \$425 ~ \$225 deposit required Carowinds ~ \$75	<input type="checkbox"/> Return forms & payment to the band room.
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<input type="checkbox"/> Medical Chaperone:	I am a licensed RN or Doctor in South Carolina and I am willing to be the medical chaperone for ~ select trip. <input type="checkbox"/> Florida (FL) <input type="checkbox"/> Carowinds (C)
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Cario Band Booster Use Only
For Florida & Carowinds

Received By: _____ Date Received: _____
Check # _____ Amount \$ _____