



ROSEMONT SENIOR TRIP
JUNE 15-17, 2020
3 DAYS/2 NIGHTS



CRYSTAL & CLEAR TRAVEL

JUNE 15, 2020

- 4:00am Depart Sacramento to L.A. (approximately 7 hours)
- 8:00am Snack in Fresno/Bakersfield
- 2:00pm Arrive for Check in Hotel (Anaheim, Buena Park Area)
Pool Hangout Party with Pizza
- 7:30pm Medieval Times - Dinner & Show
- 12:00am Party Closes - Depart to hotel rooms

JUNE 16, 2020

- 7:00am Breakfast buffet at hotel (included in package)
- 9:00am Load Buses / Depart for **Disneyland, California Park & Star Wars**
- 12:00am Party closes - Depart to hotel rooms

JUNE 17, 2020

- 8:00am Breakfast buffet at hotel (included in package)
- 9:00am Load Bus Depart for Santa Monica Pier
- 3:00pm Board Buses - Bond for Sacramento (approximately 7 hrs)
- 6:00pm HOME

TRANSPORTATION IS INCLUDED IN THIS COST

This is a Non-Refundable Package.

Times may change due to traffic and park hours.

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3 DAYS/2 NIGHTS

PRICE PER STUDENT \$725.

Payment Plan

(based on Quad Occupancy)

\$75.00 DEPOSIT

Payments through May of 2020

Package Includes:

ACCOMMODATIONS:

3 days, 2 nights Hotel in Buena Park

MISCELLANEOUS:

\$1,000,000 Liability insurance
Travel Consultant available on a 24 hour basis,
Credit Card Processing available-
Monthly Statements to Parents via Email

ATTRACTIONS:

Pool Party
Pizza Party
Medieval Time - Dinner & Show
1 Day admission Disney/California Adventure/Star Wars

MEALS:

3 Breakfasts at hotel
1 Pizza Party
1 Dinner

Get excited! Your Senior Trip has been planned, it is a 3-Day, 2 Night stay in Southern California. While on this trip you and your classmates will stay at the Hotel & Suites in Buena Park. We will be leaving Sacramento around 7 A.M on the first day, and return sometime before 11:30pm, on the last day. While on this trip you will enjoy a Disneyland, Medieval Times, A Pool Party/Pizza Lunch. This will be a wonderful opportunity, to spend quality time with your fellow classmates, creating lasting memories. Lastly Student Safety is very important to us at Crystal & Clear Travel, we will do everything in our power to ensure the safety of your children will on this trip.



STUDENT INFORMATION SHEET

PLEASE PRINT CLEARLY

Student Name (Legal Name): First: _____ Last Name: _____

Gender: (M) (F)

Student Date of Birth: _____

My Child has permission to go on the high school senior trip with: _____ (EX. RHS)

I have enclosed my first deposit of \$75.00 and I agree to the above payment schedule and late fees if I do not make my payments on time. I understand this trip is **non-refundable** should we cancel.

Parent Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Street Address: _____

City/State/Zip: _____

Evening Phone: _____

Daytime Phone: _____

Parent email address: _____

Student email address: _____

TERMS & CONDITIONS

STUDENT NAME: _____ BIRTHDATE: _____

ATTENDING HIGH SCHOOL: _____

Please initial each term as an understanding of contract. Then student, parent/guardian at bottom, this must be turned in with all other pertaining package documents.

- _____ 1. This High School Senior Trip is a **non-refundable, non-insurable** package and monies can not be transferred to another paid/enrolled student. You may transfer funds to a student not enrolled in the trip. Leaving balance for new student to pay. **Only Exception; if Military Service Calls.** Should group size fall below the minimum of 50 student, additional charges will apply.
- _____ 2. Trip will include transportation by one of the following: car, van or motor coach. This is determined by the size of the group. Crystal & Clear Travel provides drivers.
- _____ 3. Your student's High School is not responsible for collection of monies, telephone calls reminders, emails or any other information regarding trip. **THIS IS NOT A SCHOOL SPONSORED EVENT.**
- _____ 4. Under **NO CIRCUMSTANCES** are students male and female allowed to share or to co habit ate. **NO EXCEPTIONS!**
- _____ 5. **MONTHLY PAYMENTS** - Payment is due on or before due date, and become late at 5pm closing time. Postal box is checked prior to closing. All payments received after time of closing is imposed a late fee. Post mark due date is not accepted. Payment drawn on credit card are automatically done each month starting at 8am. Should credit card not approved your payment both an email and telephone is made, still making payment due by 5pm. Late fee will still apply should payment not be made. Credit Card authorization form must be given prior to payment, credit cards can not be given over the phone. When making personal check payments, be sure to include student name and high school in the memo line provide on your check.

Mail Payments to:

Crystal & Clear Travel
P.O. Box 277711
Sacramento, CA 95827

Contact Information:

accounts@crystalandcleartravel.com
209) 304-7228 or (916) 761-9591

_____ 6. **INSURANCE** - Medical insurance is students responsibility. Student must provide medical card and and all things pertaining to medical, before departure. (This trip is non-insurable)

_____ 7. **NOT PERMITTED** - weapons, smoking of any type, drinking, drugs, sexual or other mis-conduct. Should anything in regards to any of the above items take place, Crystal & Clear Travel will take each situation to determine the consequence. Should Crystal & Clear Travel feel the student is un-excusable, the parent/guardian will be called and student is sent home on your expense.

_____ 8. **DELINQUENT** - If payment has not been made on account for more than two months every effort is made to contact you via telephone, email and regular mail regarding the matter. Should payment don't show by the end of the 2 month of delinquency your student account will be cancelled. A failure of payment/cancellation letter will follow.

_____ 9. This form will remain on file and function as a general permission form for the dates indicated or until cancellation sure occur that must be given in writing by a parent or guardian. Additional forms specific to event will be required as needed.

I, _____ the parent or guardian of the above named student, have read through this waiver and all its terms. I agree to the terms of the payment plan, and understand and have read the agreement form which details the terms of this agreement.

Date _____ Signature of Participant _____

Date _____ Signature of Parent/Guardian _____



Credit Card Information

Student Name: _____

Yes I would like to schedule my monthly payments on this credit card:

PRINT CLEARLY _____

Exp. Date _____ **Credit card number** _____ **Security Code** _____

CLEARLY PRINT _____

Name as it appears on card

Billing Address for Credit Card:

Street Address: _____

City, State, Zip Code: _____

Telephone: _____

I hereby authorize *Crystal & Clear Travel* to charge my credit card.

Signature **Date**