DSD FIELD TRIP FORM

1655 W. Hamlin Rd Rochester Hills, MI 48309 (248) 852-8133

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Please fill out and return this form with a \$120 deposit. The balance of your field trip is due 5 days prior to your field trip. The fee is \$20 per participant (two classes and a snack), with a \$240 minimum per field trip. Field Trip options can be customized to meet your organization's requirements, please contact the studio for additional information.

Organizer's Name_						
School/ Organization	on's Name					
Address		C	ity	Zip Code		
Parent's Names						
	ne NumberCell:					
Head Chaperone's	Name:					
Field Trip Organizer's *1 Chaperone is requi	name: red for every 15 s	students. Chape	erones must be	21 years of ag	ge or older*	
How did you hear ab	out our Field Tr	ip Program? _				
Total Field Trip Part	icipants:		Age Ra	ange:		
Total Due for Field T	rip (# of partici	pants x \$20): _				
Deposit Amount/Dat	e Paid:					
Field Trip Planning (Huide					
Number of Hours All	otted for Field T	¹rip:				
Number of Students	Attending:					
Please circle the two BALLET TAI	classes you are P JAZZ HIP		SAL GYMN	ASTICS	CHEERNASTICS	
	A	CTING M	JSICAL THEAT	ΓRE		

Snack- provided

Please make checks payable to Deborah's Stage Door. Thank You!!

^{*}Please contact the studio for menu options*