

APAI Fringe 2019 Trip

If you wish to be on the list to begin raising funds for the APAI Fringe 2019 Trip, please complete the form below. Along with the completed form please include a NON-REFUNDABLE, one-time payment of \$100 per participant. Additional payment will begin according to the payment schedule in your packet with your next payment of \$150 per person being due on July 6th.

This payment will be put together with others and constitute the \$3000.00 payment due to APAI March 1st to hold our place. We will be traveling in Group One, July 25th-August 9th, 2019.

The Registration Form along with the \$100 NON-REFUNDABLE payment must be in no later than Friday, February 16th.

Registration Form

Parent/Guardian Name _____ **Contact Number**

Address _____ **City** _____

State _____ **Zip Code** _____ **Email** _____

Attendees paid for by you.

Self _____

Spouse _____ **Email** _____

Additional Adult _____ **Email** _____

Student _____ **Current Grade** _____

Age _____ **Email** _____

Student _____ **Current Grade** _____

Age _____ **Email** _____

Attached is \$100 per attendee made out to CMHS for a total of \$ _____