



Final Commitment Form
For Carnegie Hall Trip March 23 – 28, 2008

Thanks to everyone for your patience and concerns regarding our trip to Carnegie Hall, New York. At this time, as we are growing closer to March, the Board of nTyme would like to establish a final commitment from you. Although we do not have a final amount of our trip, we will have a better idea once we have these final commitments turned in. Remember, the \$2000 price is still a high estimate, and it includes hotel, airfare (*note: since we are flying across the country, it is advised that we all look into making sure our child's instrument is insured through our home insurance*), all festival related activities, and sightseeing excursions including transportation. Food is not included except for the Hudson River Dinner Cruise. We are continuing our efforts and making every attempt to raise funds until the very last moment to reach our per-student financial goal for this venture, either through corporate sponsorships, private donations, or through individual and group fundraising efforts.

For your convenience, we are still looking into setting up Pay Pal. Until then we will offer our monthly payment schedule to help spread out payments. Also, any amount of payment can be given to our Treasurer, Pat Murobayashi, at anytime until January 25, 2008. *Once we know our final price, the final payment may be significantly lower.

Reminder: All forms and our first payment of \$350.00 per person are due on October 25, 2007.

*Checks can be made payable to: nTyme
and payments can also be mailed to:*

nTyme
P.O. Box 6191
Torrance, CA 90504

Date	Payment
October 25, 2007	\$350.00
November 25, 2007	\$550.00
December 25, 2007	\$550.00
*January 25, 2008	*\$550.00

All participating students must be academically eligible during the school term prior to the trip.

- a. Students must maintain a minimum GPA of 2.0 in all classes
- b. Students may have no more than one (1) unsatisfactory grade in citizenship
- c. These academic and citizenship standards must be maintained each quarter to stay eligible.

Mr. Kamida will check grades from the following:

- a. High School – 1st Semester Grades
- b. Middle School – 2nd Quarter Grades
- c. Elementary – 1st Trimester Grades

If you have any questions, please email Steven Thorsen at festival_coordinator@ntyme.org or Hiroko Eddow at president@ntyme.org.

Steven Thorsen
Festival Coordinator

Hiroko Eddow
nTyme President

Glen Kamida
Director

Please keep for your records

Final Commitment Form

For Carnegie Hall Trip March 23 – 28, 2008

Please return this final commitment form to Steven Thorsen or Hiroko Eddow by **October 25th**.

I, _____ will will not allow
Print Parent Name

my son/daughter _____ to attend this educational trip.
Print Student Name

In addition to the above student(s), the following children 18 & under will be attending

_____ Print Child's Name _____ Print Child's Name _____ Print Child's Name

In addition to the above student(s) the following adults will be attending

_____ Print Adult's Name _____ Print Adult's Name _____ Print Adult's Name

_____ **Total number attending** the festival (including students).

Please choose up to 4 sightseeing excursions below:

- | | |
|---|--|
| <input type="checkbox"/> Manhattan Coach Tour
& Statue of Liberty incl Ground Zero | <input type="checkbox"/> Broadway Show
<input type="checkbox"/> "Wicked" <input type="checkbox"/> "Jersey Boys" <input type="checkbox"/> Little Mermaid
<small>May not be suitable for
Elementary and Middle schoolers</small> |
| <input type="checkbox"/> Top of "the Rock" – Rockefeller Building | <input type="checkbox"/> NBC Studio Tour |
| <input type="checkbox"/> United Nations Building Tour | <input type="checkbox"/> Lincoln Center Guided Tour |
| <input type="checkbox"/> Cooperstown (Baseball Hall of Fame) | |

If rooming accommodations can be made, who would you like to have your student room with?
 Students grades 7-12 can room together without an adult. Room assignments are not guaranteed
 and actual room assignments may vary.

_____ <small>Print Name</small>	_____ <small>Print Name</small>
_____ <small>Print Name</small>	_____ <small>Print Name</small>

If you are one of our traveling adults, who would you like to room with? Keep in mind; the cost
 of this trip can remain significantly lower as long as we take advantage of the quad occupancy
 rates.

_____ <small>Print Name</small>	_____ <small>Print Name</small>
_____ <small>Print Name</small>	_____ <small>Print Name</small>

 Parent Signature _____
 Date

FORM 7

NEW YORK BAND & ORCHESTRA FESTIVAL

DIETARY REQUIREMENTS LIST

DATE: _____

GROUP NAME: North Torrance Youth Symphony Orchestra

Please list below people in your group that may have special dietary requirements (i.e. vegetarian, vegan, food allergies etc.) so we may assist in your efforts to help with meal planning.

NAME: _____

NAME: _____

REQUIREMENT: _____

REQUIREMENT: _____

NAME: _____

NAME: _____

REQUIREMENT: _____

REQUIREMENT: _____

NAME: _____

NAME: _____

REQUIREMENT: _____

REQUIREMENT: _____

NAME: _____

NAME: _____

REQUIREMENT: _____

REQUIREMENT: _____

NAME: _____

NAME: _____

REQUIREMENT: _____

REQUIREMENT: _____

NAME: _____

NAME: _____

REQUIREMENT: _____

REQUIREMENT: _____

FORM 8

NEW YORK BAND & ORCHESTRA FESTIVAL

PARTICIPANT LIABILITY WAIVER

Name of Group: North Torrance Youth Symphony Orchestra

Name of Participant: _____

Name of Parent / Guardian (if applicable): _____

IMPORTANT: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IF YOU ARE UNDER EIGHTEEN YEARS OLD, YOU MUST HAVE A PARENT/GUARDIAN SIGNATURE.

World Projects Corporation is the producer of your Performance Tour. In putting this project together, we have made arrangements with hotels, transportation services, airlines, and other independent parties to provide you with travel and lodging services. As consideration for, and an express requirement of your participation in this Performance Tour, we require that you understand and agree to a waiver of any claims you might have against World Projects Corporation, as well as agree to be bound by other terms and conditions stated in this waiver. As this is a binding legal document, you should read this document carefully before signing.

By signing this waiver of liability, you agree to waive any claim you or your child may have against World Projects Corporation, their officers, directors, employees, agents, independent contractors and other representatives (referred to collectively as "World Projects") or any claim of loss, damage, costs or expenses arising out of or relating to any injury, accident, death, damage, delay, scheduling conflict, inconvenience, upset, disappointment, distress or frustration, loss or delay of baggage, instruments, or other property, regardless of the cause or of any acts relating to said cause.

Further, by signing this waiver and in consideration as outlined above, you acknowledge that travel arrangements are inherently unpredictable and subject to change. You further acknowledge and agree that travel can be potentially dangerous and life-threatening, and by signing this agreement, you agree to assume this risk and to absolve and hold harmless World Projects, and its directors, officers and employees, from any and all risks of any nature or kind associated with this tour. You also agree to hold World Projects, and its officers, directors and employees free and harmless from any and all expenses, demands or claims of any nature or kind arising from or in any way associated with this tour.

It is also understood and agreed that World Projects have made no promise or pledge, express or implied, to provide any special facilities or services to those with any medical problems, health problems, or physical disabilities of any sort whatsoever.

By signing this waiver, you also consent to have World Projects exercise the right to dismiss or remove any participant in the project for misbehavior at any time, and you acknowledge that if you are dismissed or otherwise removed from the project that you will be completely responsible for making arrangements for lodging and transportation, and that no refunds of any funds paid in association with this tour will be made by World Projects.

I certify that I am over the age of eighteen years old.

DATE: _____

SIGNATURE OF PARTICIPANT OR PARENT/ GUARDIAN OF MINOR (person under 18 years old):

PRINT NAME: _____

FORM 9

NEW YORK BAND & ORCHESTRA FESTIVAL

Medical Authorization, Release and Waiver Agreement

Name of Group: North Torrance Youth Symphony Orchestra

Name of Participant: _____

I hereby give my consent and authorization to allow representatives of _____ (Name of Educational Institution), World Projects and/or host home stay families to seek any necessary medical treatment for myself during the Performance Tour, and I hereby appoint said persons as my attorney in fact to authorize medical treatment on my behalf (hereafter referred to as "Authorized Persons"). Authorized Persons may obtain medical treatment from physicians, dentists, staff, technicians and/or nurses on my behalf, and may authorize the use of ambulances, paramedics, hospitals, and other medical facilities, and may authorize performance of any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment which these medical professionals determine are necessary. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the participant. I understand that I alone am responsible for the cost of any medical treatment provided for any reason, and that I alone am responsible for any and all consequences arising from or related to such medical treatment.

On behalf of myself, my heirs and my assigns, I hereby release and waive any and all claims related to my medical treatment against Authorized Persons, including but not limited to the selection of any medical professional or course of treatment, any authorization given or refused, any consent, failure to provide consent or measures taken or not taken to obtain medical treatment, or failure to obtain prior authorization or any other procedures required by any insurer that I may have. I understand that no person authorized to provide information or authorization is obliged to obtain medical treatment for me, or to transmit medical information to any person for any reason, and that this authorization and medical history is for my own convenience. This authorization does not create any rights or obligations against any Authorized Persons, and I agree to indemnify, defend and hold harmless any Authorized Person against any such claims arising from or related to this Authorization.

I affirmatively state that I am fit to participate in the Performance Tour, and I know of no medical condition that would prevent my full and complete participation in the Performance Tour. I understand that the rigors of travel present unexpected circumstances, and opportunities for injury and disease, and that I will take all reasonable measures to protect myself and minimize my exposure to injury and/or disease. I will take adequate precautions to have an ample supply of any and all legally prescribed drugs and medications with me during the course of the Performance Tour, and will take appropriate arrangements to ensure that I am able to receive medical treatment. I will not consume any illegal substance during the course of the Performance Tour. I will alert my Tour Group leader immediately in the event I feel ill or am injured in any respect.

I swear under penalty of perjury that the foregoing is true and correct, and that this medical release was signed by me and (if under the age of 18) my parent or legal guardian on _____, 200_ under the laws of the State of California.

Signature of Participant _____

As the Parent/Legal Guardian of the participant, I provide my consent to the above Medical Authorization Release and Waiver of Claims, I adopt and accept all of the terms stated above, and by my signature give full authorization, personally and on behalf of the participant, to proceed with any act consistent with the above Medical Authorization Release and Waiver of Claims.

Signature of Parent/Legal Guardian: _____

Relationship to Participant: _____

NOTE: This Medical Authorization Release and Waiver Agreement must be filled out completely and signed by parent or guardian if participant is under the age of 18.

MEDICAL HISTORY

All statements concerning my medical history, insurance information and emergency contacts in the medical history that follows are current, accurate and complete (use additional sheets if necessary). I understand that I am required to carry a complete medical history on my person at all times during the course of the Performance Tour. The following information is a full and correct statement of my medical history:

1. Identify any allergies:

2. Identify any special medical problems:

3. Identify any prescription or over-the-counter drugs you are taking:

4. Identify the date of your last tetanus shot:

5. Identify the name, address and telephone number of your physicians, dentists or any other medical professionals, hospitals or facilities having pertinent information concerning your medical history:

a. _____

b. _____

c. _____

6. Please list three (3) emergency contacts:

Name	Relationship	Phone	Fax
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a. _____

b. _____

c. _____

Medical Insurance Information

7. Identify the name of your health insurance: _____

8. Participant Number/Group Code: _____

9. Address and contact information for insurer: _____

10. Identify any requirements for seeking pre-approval of medical treatment:

I swear under penalty of perjury that the foregoing is true and correct, and that this medical history was signed by _____ on _____, 200_ under the laws of the State of California.

Signature of Participant _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____

NOTE: This Medical History must be filled out completely and signed by parent or guardian if participant is under the age of 18.

Additional Medical History Please Next Page

CARNEGIE HALL 2008
NEW YORK BAND & ORCHESTRA FESTIVAL

T-SHIRT ORDER FORM (1 form per family)

(All group participants, staff, and others paying the group package rate receive a T-shirt - S, M, L or XL)

of Small _____
of Medium _____
of Large _____
of X-Large _____
of XXL _____ (US \$4.00 extra)
of XXXL _____ (US \$5.00 extra)

Total Extra Cost (for any XXL or XXXL shirts ordered) US \$ _____

Please use this section to order additional shirts

Additional Small _____ (US \$15.00 extra)
Additional Medium _____ (US \$15.00 extra)
Additional Large _____ (US \$15.00 extra)
Additional X-Large _____ (US \$15.00 extra)
Additional XXL _____ (US \$19.00 extra)
Additional XXXL _____ (US \$19.00 extra)

Additional # of Shirts _____

Additional Cost US \$ _____

TOTAL # OF SHIRTS _____

TOTAL COST US \$ _____

**** PLEASE MAKE ALL CHECKS PAYABLE FOR EXTRA SHIRTS TO nTyme**