



**HISTORICALLY BLACK**  
**COLLEGES AND UNIVERSITIES**  
**TOUR EXPERIENCE**

# 28<sup>th</sup> Annual Tour Contract

## Southeastern Tour

(Tentative)

## *Georgia and Florida*

**APRIL 1<sup>st</sup> – April 9<sup>th</sup>, 2017**

### COLLEGES and UNIVERSITIES

*Albany State University ~ Bethune Cookman College ~ Clark Atlanta University  
Edward-Waters College ~ Florida Agricultural & Mechanical University  
Florida Memorial University ~ Fort Valley State University ~ Morehouse College  
Morris Brown College ~ Spelman College*

### EDUCATIONAL and CULTURAL SITES

*Ballethnic Dance Company ~ CNN Studios ~ Coca Cola Headquarters  
Dr. Martin Luther King, Jr. National Historic Site ~ Delta Airlines National Headquarters  
Gladys Knight & Ron Winan's Chicken & Waffles ~ Kenny Leon's True Color Theatre Co.  
Paschal's Restaurant ~ Underground Atlanta*

*It is OK to make copies of contract.*

**Do not make two-sided copies**

HBCUTE, A Service affiliation of Community and Schools  
P.O. BOX 7314; Grand Rapids, MI 49510 (501) c (3) Copyright 2016  
[www.hbcute.com](http://www.hbcute.com)

## **HBCUTE Important Meeting Information**

**ALL Parents and Students are REQUIRED to attend listed meetings as listed.**

Out-of-Town Students: Options will be discussed.

### **MANDATORY MEETING DATES (*place & time TBD*):**

***Parent & Student Orientation- October 16, 2016***

***Information Day - December 17, 2016 – Students Only***

***Parent & Student Orientation- January 14, 2017***

***Meet & Greet – March 11, 2017 – Parents & Students***

***Final Parent & Student Orientation - March 19, 2017***

### **Tour Experience Workshops (TEW)**

***Tour Experience Workshops*** are programs designed to prepare all students with the transition to higher education. The goal is to provide a fundamental knowledge of the varied aspects and prepare them for future college and university life. Students will increase their awareness of what it will take to prepare for college as well as the upcoming tour experience.

We will help our students:

1. Determine which college or university is best suited for them
2. Differentiate proper conduct and behavior in varied settings
3. Describe and execute their plan for the future
4. Articulate with intelligence, with their parents, their choice of a university
5. Demonstrate discipline in personal finances
6. Display skill and learned techniques to increase their ACT scores

At the completion of these workshops, students will be required to complete a **Five Year Plan**, which will take into account all attended workshop sessions. They will be strongly encouraged to secure a mentor (non-immediate family member) that is willing to meet with them at least monthly. The mentor will assist and encourage the student to complete all course work and HBCUTE prep documents. The plan is designed to assist high school students to plan successful high school completion and take them into their first or second year of college. For students in their later years of their high school career, the plan is designed to take them throughout their college career and possibly beyond.

#### **Tour Experience Workshops**

**\*\*\*Schedule to be determined\*\*\***

**All workshops are held at Prince of Peace Missionary Baptist Church  
715 Evergreen SE, Grand Rapids, MI on Thursdays at 6:00pm**

## STUDENT CRITERIA

- ✓ 8<sup>TH</sup> – 12<sup>TH</sup> Grade
- ✓ Provide copy of current report card or transcript. Should have GPA of 2.25 or higher. No 4'S OR 5'S in social & work habits
- ✓ Submit a Behavior Recommendation letter from Principal or School Counselor
- ✓ Submit a 2 Paragraph (typed) Essay indicating tour expectations

**The Student Contribution total cost of this tour is \$650 per student.**

- The tour cost is \$500
- Meals \$150

This contract must be accompanied with a **minimum deposit of \$188 due by 11/13/2016.**

**All COMPLETED contracts with final payment are due by 2/28/17.**

SUGGESTED payment schedule is as follows:

First Payment	\$162.50 by 11/20/16
Second Payment	\$162.50 12/18/16
Third Payment	\$162.50 by 1/15/17
FINAL PAYMENT	\$162.50 by 2/28/17

**Final TOUR BALANCE must be paid by 2/28/17**

**NO personal checks accepted after 2/28/17. Cash, credit/debit, cashier's check or money order ONLY.**

Completed contracts with deposit on are a first come first serve basis. Contracts received after the first 40 will be placed on a waiting list until there are enough students for a second bus.

Please notify a HBCUTE representative immediately if a payment plan is needed other than what is listed above or concerning payments and due dates call 616-802-2697.

Payments can be submitted via the website: [www.hbcute.com](http://www.hbcute.com)

# HBCUTE CONTRACT AGREEMENT

There will be a \$40 return check fee. **HBCUTE Committee reserves the right to accept/reject contracts.**

Make checks or money orders payable to:

*HBCUTE*

Place Student's name must be on the memo line

**Due to the NO REFUND policy, please make certain, before entering into this legal contract that you and your child/children wish to be included in this tour experience.**

**Be advised that by signing this contract, you agree to abide by the following conditions and you thoroughly understand ALL of the rules and regulations.**

1. I have read and understand all HBCUTE policies, rules and regulations.

\_\_\_\_\_ Student's Initials. \_\_\_\_\_ Parents' Initials

2. In the event that the chaperone(s) find it necessary to return your son/daughter home during the tour experience for flagrant violations of policies, rules and regulations, I understand that I am responsible for travel expenses.

\_\_\_\_\_ Student's Initials. \_\_\_\_\_ Parents' Initials

3. I/we, \_\_\_\_\_, will make the necessary travel arrangements to return my child home and assume all financial liabilities. I will provide ALL pertinent information to HBCUTE for safe travels.

Parents' Signature \_\_\_\_\_

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

## HBCUTE Personal Information

Student's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Parents'/Guardians' Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Did you attend an HBCU? \_\_\_\_\_ If so, which? \_\_\_\_\_

### EMERGENCY CONTACTS:

**THREE (3) Emergency contacts and phone numbers must be given.**

**We must be able to reach the contact person at all times during the tour. If you are listed as parent/guardian, DO NOT list your name as one of the emergency contacts. Please inform those parties that are listed that we may have to contact them.**

1. Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

# HBCUTE STUDENT'S MEDICAL INFORMATION

This information must be filled out completely.

Parents'/Guardians' need to make sure that your child has:

- a. His/her insurance card
- b. The following COMPLETED medical information listed below;
  - i. List of medications that the student must take.
  - ii. Please print the administering information as listed on the medicine bottle and directed by the prescribing doctor.
  - iii. List of any and all medical concerns and conditions.
  - iv. **ALL** medication must be given to the Tour Nurse **BEFORE** we leave on day of travel.

Medical Insurance Company \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Policy No. \_\_\_\_\_

**DOES HBCUTE HAVE PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION TO YOUR CHILD? (Aspirin, Tylenol, Allergy medication, etc...)**

Yes \_\_\_\_\_ No \_\_\_\_\_ **SPECIAL INSTRUCTIONS** \_\_\_\_\_

### MEDICATIONS THAT MAY BE TAKEN:

(Print medications as labeled on medicine bottle & when it should be administered)

<i>Name of Drug</i>	<i>Dosage (mg, #of puffs, etc.)</i>	<i>Frequency (# of times per day)</i>

**Please list any Allergies or Adverse Reactions that your child may have had:**

<i>Medication or substance that caused reaction</i>	<i>What kind of reaction did you experience?</i>	<i>When did/does this reaction occur?</i>

I, \_\_\_\_\_, have completed the Medical Information Form and provided ALL requested documentation as it pertains to my child's medical needs. I have also met with Tour Staff to discuss further details.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# HBCUTE AUTHORIZATION FOR RELEASE OF RECORDS

PARENTS and STUDENTS MUST SIGN BEFORE SENDING TO SCHOOL TO BE COMPLETED.

The signatures acknowledge that you understand and agree to the HBCUTE obtaining any and all information provided by the school representatives.

**This form must be returned to HBCUTE with contract.**

**Signature of Parent/Guardian**

**Date**

**Signature of Student**

**Date**

SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

Ext. \_\_\_\_\_

EMAIL \_\_\_\_\_

ATTENTION \_\_\_\_\_

PRINCIPAL'S OR COUNSELOR'S NAME

REGARDING \_\_\_\_\_

STUDENT'S NAME

You, or designated representative, may use your/their judgment when providing information to a Historically Black College and Universities Tour Experience (HBCUTE) representative. Any and all personal opinions, recommendations and information requested regarding the students behavior, social, disciplinary, and educational development will be used for the purpose of determining the students' qualifications for participation in the annual tour experience.

**Signature of School Representative**

**Printed name of School Representative**

**Title of School Representative**

**Date**

# HBCUTE Parental Travel Consent

*(This document must to be NOTARIZED)*

**The signed parties have agreed to the following contract:**

**THE PARENT(s) / GUARDIAN(s)** hereinafter referred to as "the Parent / Guardian":

Full Name(s) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Full Name(s): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

**THE CHILD** hereinafter referred to as "the Child":

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**THE TRAVELING GUARDIAN(S)** hereinafter referred to as "the Traveling Guardian":

*HBCUTE (Historically Black Colleges and Universities Tour Experience), its Chaperones and its Committee Members.*

1. **I hereby authorize my Child to travel with the Traveling Guardian to Georgia and Florida.**
2. The period of travel shall be from the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ until the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.
3. Should it prove to be impossible to notify the Parent / Guardian of any change in travel plans due to an emergency or unforeseen circumstances arising, I authorize the Traveling Guardian to authorize such change in travel plans.
4. Should the Traveling Guardian in his / her sole discretion (which discretion shall not be unreasonably exercised) deem it advisable to make special travel arrangements for the Child to be returned home due to any unforeseen circumstances arising, I accept full responsibility for the additional costs which shall be incurred thereby.
5. I release the Traveling Guardian from any and all claims whatsoever arising, except where such claims arise from negligence, gross negligence or willful intent during the specified period of this Travel Consent.
6. I declare that I am the parent/legal guardian of the Child and that I have legal authority to grant travel consent to the Traveling Guardian for the Child.
7. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

Signature \_\_\_\_\_ (Parent / Guardian)

Date \_\_\_\_\_

Signature \_\_\_\_\_ (Parent / Guardian)

Date \_\_\_\_\_

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



# HBCUTE

## Demographic Information Sheet - DO NOT put your name on this page

In an effort to obtain funding from various resources, this information is sometimes requested. HBCUTE requests that you answer the questions honestly. All answers will remain **confidential** and will only be used for the purpose of compliance. This information will NOT be used to determine the eligibility of your child attending the tour. If you have concerns, please contact us at 616-802-2697. This information should be about the parent(s) and should be completed by the Head of Household.

### 1) Ethnicity

- White
- White – Non-Hispanic
- Black
- Asian
- Hispanic
- American Indian
- Other

### 2) Marital Status

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Married   | <input type="checkbox"/> Single        |
| <input type="checkbox"/> Widowed   | <input type="checkbox"/> Divorced      |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Never Married |

### 3) Household Income

- Under \$5000
- \$5000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$74,999
- \$80,000 - \$99,999
- \$100,000 – and over

### 4) How many members are in your household? \_\_\_\_\_

### 5) What are the AGES of the EACH member in your household? Please indicate the number of members per age group.

- |                |       |
|----------------|-------|
| Under 18 years | _____ |
| 19 – 25        | _____ |
| 26 – 35        | _____ |
| 36 – 45        | _____ |
| 46 +           | _____ |

### 6) Highest Level of Education of EACH member. Please indicate the number of members per age group.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Less than 9 <sup>th</sup> Grade | <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> Grade, No Completion |   |
| <input type="checkbox"/> High School Completion          | <input type="checkbox"/> Some College, No Degree                                 |   |
| <input type="checkbox"/> Associate Degree                | <input type="checkbox"/> Bachelor's Degree                                       |   |
| <input type="checkbox"/> Master's Degree                 | <input type="checkbox"/> Professional Degree                                     | <input type="checkbox"/> Doctorate Degree |

# MEDIA/PHOTOGRAPHY: CONSENT AND RELEASE FORM

Please complete this consent form in order to allow you and/or your child (ren) to be photographed, videoed and/or interviewed during the annual tour and other special events of the Historically Black College and Universities Tour Experience (HBCUTE).

I hereby consent and authorize a member(s) of the HBCUTE committee to take photographs or motion pictures of student(s) and/or parent(s) or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name and/or my child (rens) name(s), voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize HBCUTE to copyright the Materials, and I authorize HBCUTE to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but is not limited to university publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I also agree that HBCUTE may identify me by name and/or my child (ren), course of study, and such other identifying information as class year, graduation date, hometown or by any other identifying information. **(If you and/or your child(ren) do not wish to be identified by name, etc., cross through this sentence).**

Please initial and indicate year.) Initial \_\_\_\_\_ 20\_\_\_\_\_

I have read and agree that I am participating on a voluntary basis and I will not receive any payment from HBCUTE for signing this release or as a result of any publication of the Materials.

\_\_\_\_\_  
Parents' Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student's Name