



HISTORICALLY BLACK
COLLEGES AND UNIVERSITIES
TOUR EXPERIENCE

29th Annual Tour Contract

Eastern Tour

*Ohio, West Virginia, Virginia,
Maryland and District of Columbia*

March 31st - APRIL 8th, 2018

COLLEGES and UNIVERSITIES (tentative)

*West Virginia State University, Bluefield State College, Virginia University of Lynchburg,
Norfolk State University, Hampton University, Virginia State University,
Virginia Union University, Bowie State University, Coppin State University,
Morgan State University and Howard University*

EDUCATIONAL and CULTURAL SITES (tentative)

*National Underground Railroad Freedom Center,
Booker T. Washington Institute, NAACP Headquarters & Washington Bureau
Dr. Martin Luther King, Jr. National Monument, Busboys & Poets,
National Museum of African American History, Frederick Douglass Museum & Caring Hall of Fame and
Historic Site, Step Africka Dance Studio, and more...*

It is OK to make copies of contract.

Do not make two-sided copies

STUDENT CRITERIA

- ✓ **8TH – 12TH 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 \$750 per student.

- The tour cost is \$750 which includes meals
- \$100 will be waived for students and parents that attend ALL meetings, workshops and events including fundraisers.

This contract must be accompanied with a **minimum deposit** of at least **\$50 due by 11/12/2017 to reserve seat.**

LATE REGISTRATION:

For those registering after January 1, 2018, the Student Contribution total cost is \$800.

All COMPLETED contracts with final payment are due by 2/28/18.

SUGGESTED payment schedule is as follows:

First Payment	\$187.50 by 11/19/17
Second Payment	\$187.50 by 12/17/17
Third Payment	\$187.50 by 1/14/18
FINAL PAYMENT	\$187.50 by 2/28/18

Final TOUR BALANCE must be paid by 2/28/18 or unpaid seats WILL be released.

NO personal checks accepted after 2/21. Cash, credit/debit, cashier's check or money order ONLY.

Tour seat acceptance is deemed on a first come first serve basis which is determined by submitting a completed contract with deposit. Please note that the committee will institute a waiting list for those contracts received after the initial 40 seats have been filled.

Please call the HBCUTE representative immediately at call 616-799-7291, if an alternative payment plan is needed or if there are questions concerning payments and due dates.

ALL Payments can be submitted via the website: www.hbcute.com

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HBCUTE Important Meeting Information

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

\$100 will be waived for Students & Parents that attend ALL in-person and online WORKSHOPS, MANDATORY MEETINGS and events

MANDATORY MEETING DATES (*place TBD*):

Parent & Student Orientation- October 15, 2017 at 4:00pm

Information Day - December 16, 2017 – Students Only at 12:00pm

Parent & Student Orientation- January 13, 2018 at 12:00pm (Only Makeup Meeting)

Meet & Greet – March 10, 2018 – Parents & Students at 12:00pm

Final Parent & Student Orientation - March 18, 2018 at 4:00pm

Tour Experience Workshops (TEW)

Tour Experience Workshops are programs designed to expose all students with 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 their parents, their choice of a university

Tour Experience Workshops

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

**All workshops are held at Prince of Peace Missionary Baptist Church
715 Evergreen SE, Grand Rapids, MI**

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

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 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 student's 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

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REV 10/10/17

Read and Understood _____
Initial Here

HBCUTE Parental Travel Consent

(This document must 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:

Address

C/S/Z

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 Ohio, West Virginia, Virginia, Maryland and District of Columbia.
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 circumstance 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.

Parent Signature _____

STATE OF MICHIGAN

COUNTY OF KENT

SIGNED AND SWORN TO BEFORE ME, on the _____ Day of _____, _____.

Signature _____ (Seal),

NOTARY REPUBLIC

My Commission Expires: _____

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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

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