



Fountain Valley High School
 Vocal Music Parent Association
 17816 Bushard Street
 Fountain Valley, California 92708

TOUR ASSISTANCE APPLICATION

Student Name:		Choir:	
Parent Name:		Date:	
Tour Location:		Tour Dates:	

1) Year in School: FR / SO /JR / SR

2) Previous Choir Participation and Year(s):

3) Previous Tours/Trips and Year(s):

4) Fundraising Events Participation this year:

5) Student Choir Leadership positions/events:

6) Parent VMPA Leadership position/volunteer activities:

7) Reasons for need for tour assistance (attach additional information if needed):

Submit to Kevin Tison, Choir Director by no later than 30 days prior to tour date.

Director Recommendation: Yes // No Date: _____

VMPA Review/Decision

Fundraising Efforts Confirmed: \$ raised _____ # events _____

Student Leadership Confirmed: _____

Parent Leadership/Volunteer Confirmed: _____

Meeting Date: _____ Assistance Approved: Yes // No

VMPA President Signature: _____

Student and Parent Signature/Confidentiality Agreement:

Amount of Assistance Approved: \$ _____ % _____

Date transferred into account: _____

Treasurer Confirmation: _____