

Conference Waiver Form

I, \_\_\_\_\_

Agree to reimburse New Buffalo Area Schools for any expense incurred if I fail to

attend the \_\_\_\_\_ that I am schedule to attend on

\_\_\_\_\_

\_\_\_\_\_  
NBAS Staff Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Manager Signature

\_\_\_\_\_  
Date