

**To: Band Members, Color Guard and Parents**

**From: Bruin Band Boosters**

**Subject: Pre-School Band Rehearsals – 2010**



.....

**Dates:** The 2010 Marching Band rehearsal will start at 8:30am on Monday, August 16<sup>th</sup> for all Color Guard members, and the Percussion Section. First year marchers will meet from 9am-noon on Thursday, August 19<sup>th</sup> and Friday, August 20<sup>th</sup>.

Marching Band rehearsal for everyone starts on Monday, August 23<sup>rd</sup> and will run through noon, Friday, September 3<sup>rd</sup>. Everyone will begin at 8:00am and go until 4:00pm each day. You must bring your lunch each day.

**Our first Marching Band Performance** will be for the home football game **Thursday, September 2, 2010**. Yes, this is **before school starts**, so obviously we must have everyone in rehearsal for the full pre-school rehearsal period.

**Cost:** The cost of this year's Pre-School Band Rehearsal is \$80. **\*This fee is due with these Pre-School Band Rehearsal forms.**

**Future costs:** **Uniform Maintenance Fee**, which covers the normal cleaning for both marching band and indoor concert band uniforms, is \$55. **Please do not pay the uniform maintenance payment now.** This fee will be due in the fall after Pre-School Band Rehearsal. Concert uniforms will not issued until the maintenance fee is paid.

**Transportation Fee**, which helps cover the cost of transporting the band to both outdoor marching competitions and indoor festival competitions, is normally around \$60. Again, students will be notified in early fall as to the exact amount and when this fee is due.

**Due Date: Friday, May 21, 2010**  
Completed 2010 Pre-School Band Rehearsal forms are all due by Friday, May 21, 2010, along with a CHECK in the amount of \$80 made payable to BRUIN BAND BOOSTERS. \*Please remember to complete all four forms.

*If you are interested in being a financial sponsor for this or any of our activities, please include in this form the amount you wish to donate toward helping students participate.*

**Looking forward to seeing everyone in August – Let's Go Band!**

# PRE-SCHOOL MARCHING BAND REHEARSAL

**\*Please print very clearly in black ink, as it will be photocopied!**

If this student is not returning to Band, please fill in name, and write, "Not returning" across top.

## Name

(as you wish it to be printed in directory)      LAST      FIRST      MIDDLE INITIAL

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone # \_\_\_\_\_ Grade 2010-11 \_\_\_\_\_

Student cell # \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_

Additional Parent e-mail address \_\_\_\_\_

**\*Please check which Parent Email address[es] you wish to be published in the band directory. These will also be used for reminder communications throughout the school year.**

**\*If parents do not have an email account, please provide student's email address, for emergency communications only. Student e-mail addresses will not be published in the band directory.**

Student's e-mail address \_\_\_\_\_

For the 2010-2011 school year I will be in (Please circle one):

Concert 2      Concert 1      Symphonic      Color Guard

Instrument you will be playing in Marching Band \_\_\_\_\_

Instrument you will be playing in Concert (indoor) band \_\_\_\_\_

Band Rehearsal T-Shirt size (Please circle one):      S      M      L      XL      XXL

## PARENTS' or GUARDIANS' INFORMATION:

FATHER'S NAME \_\_\_\_\_

(as you wish it to be printed in directory)      LAST      FIRST      MIDDLE INITIAL

\*Father's employment (company name) \_\_\_\_\_

\*Father's work phone# \_\_\_\_\_ cell phone# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

(as you wish it to be printed in directory)      LAST      FIRST      MIDDLE INITIAL

\*Mother's employment (company name) \_\_\_\_\_

\*Mother's work phone # \_\_\_\_\_ cell phone# \_\_\_\_\_

**\*Note: Employment, work, and cell numbers are for emergency use only and will not be listed in the band directory.**

**LAKE BRADDOCK SECONDARY SCHOOL**  
**Music Department**

**OUT OF SCHOOL PERMISSION**  
**TRANSPORTATION PERMISSION**

My son/daughter has my permission to participate in the trips, tours, and activities connected with being in the Lake Braddock Department of Music Band Program. I understand that some time away from school classes will be necessary, but will be kept to a minimum. I also understand that various types of transportation are used during the school year in transporting the students to and from activities. School buses are used for local activities, however, commercial bus lines are used for out of town trips, and occasionally the need arises that necessitates alternate other transportation for the activities of the Band program of Lake Braddock Secondary School.

I understand that being a member of the Lake Braddock Band program requires a large commitment and understand that every band member must attend all rehearsals and performances. We also understand that exemplary behavior is expected at all times and that discipline problems will not be tolerated.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(Please print)

BRUIN BAND BOOSTERS  
9200 Burke Lake Road  
Burke, VA 22015  
**EMERGENCY CARE FORM**

Student Name \_\_\_\_\_  
Last First Middle Initial

Male \_\_\_ Female \_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Primary e-mail address \_\_\_\_\_

Additional e-mail address \_\_\_\_\_

**Parent Information:**

**Father's Name** \_\_\_\_\_

Phone: \_\_\_\_\_  
Daytime Evening Cell

Employment \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Phone: \_\_\_\_\_  
Daytime Evening Cell

Employment \_\_\_\_\_

**Health Insurance Plan** \_\_\_\_\_

Health Insurance Phone \_\_\_\_\_

Policy No: \_\_\_\_\_

Primary Care Giver Phone \_\_\_\_\_

**Person to Contact in Case of Emergency Other Than Parents**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
Daytime Evening Cell

=====> please complete page 2

**Please list all medicines being taken by student:**

---

---

---

(if none, write NONE here)

**Please list all medicines student is allergic to:**

---

---

---

(if none, write NONE here)

**List any other problems such as reaction to bee stings, diabetes, epilepsy, motion sickness, etc.:**

---

---

---

(if none, write NONE here)

\*\*\*\*\*

**The sponsor and/or chaperone of any trip/tour/rehearsal/camp has my permission to admit my son/daughter to the nearest doctor and/or hospital for medical treatment should the need arise while away from school. The hospital and/or doctor will have the permission statement as authority to treat and/or administer medication to:**

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

\_\_\_\_\_ **Mother's Name (printed)**

\_\_\_\_\_ **Father's Name (printed)**

\_\_\_\_\_ **Mother's Name (signature)**

\_\_\_\_\_ **Father's Name (signature)**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_