

Dear Parents and Caregivers,

Attached are the forms to be filled out and returned to Mr. or Mrs. Shafer at the High School music office.

The band camp payment forms must be filled out and returned. The payment for band camp is \$92 (if you didn't purchase shoes last year or shoes no longer fit) or \$55 (if last year's shoes still fit). Please make checks payable to BMMA. You can make payments via check, cash, credit cards and online ([bmmamusic.org](http://bmmamusic.org)). If you plan on paying with a credit card, please email me at the address below to arrange a payment time.

If you wish to purchase a button with your child's picture or a t-shirt for yourself or any family members, these **MUST** be ordered in advance. The forms and payment must be returned by Tuesday, July 30, 2019. Extra t-shirts will not be ordered and will not be available for sale after this date.

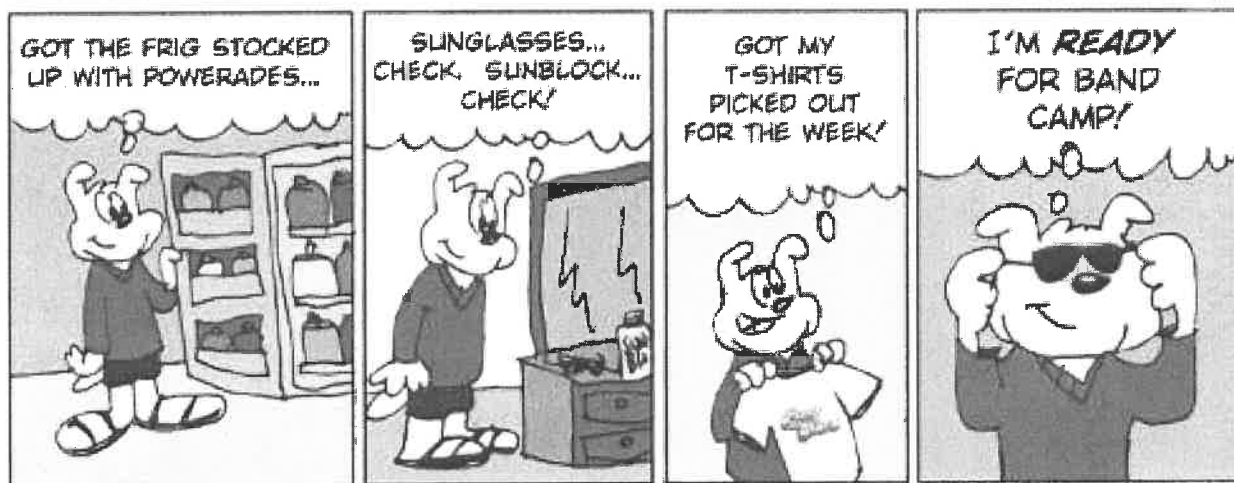
In addition, we will be creating a SignUp Genius list for parents to sign up to donate food/items for band camp. I will post a link on Facebook and send an email with the link when the list is up and ready to sign up.

If you have any questions or concerns, please do not hesitate to contact me.

Christina Shafer

[shaferband@gmail.com](mailto:shaferband@gmail.com)

TALES FROM BAND CAMP



# Welcome to Marching Band 2019!

Dear Parents,

This year band camp is **Monday, August 12 through Saturday, August 17.**

Monday, 8/12	Tuesday, 8/13	Wed, 8/14	Thursday, 8/15	Friday, 8/16	Saturday, 8/17
12-8 p.m.	12-8:30 p.m.	12-8 p.m.	12-8 p.m.	12-8 p.m.	12-8 p.m.
dinner provided*	dinner provided*	dinner provided*	dinner provided*	dinner provided*	Family Cookout*
Subs	Pasta	Pizza	Chicken	Fried Chicken & Waffles/TBA	Hot dogs and hamburgers

***\*meals/day served are subject to change. Students will be notified in advance.***

## **To do list for BAND CAMP 2019**

**(Forms/Payment due Tuesday, July 30th)**

### **1.) Required forms (must do!!)**

***\*Band camp payment form*** -The cost of band camp is \$92 (if you didn't purchase last year or new shoes are needed) or \$55 (if last year's shoes fit). Checks made payable to **BMMA**. Credit card and online payments are also available. Email [shaferband@gmail.com](mailto:shaferband@gmail.com) to **arrange payment with a credit card.**

(all forms can be found on Facebook at New-Blackstone-Millville Music Association Announcements Page or on our website at [bmmamusic.org](http://bmmamusic.org))

### **2.) Volunteer**

***\*Volunteers are needed each day to refill water coolers, restock snacks, help with uniforms, clean and organize band areas, etc. Any amount of time you can help out is greatly appreciated!***

***\* 2-4 volunteers may be needed to help pick up the meals. Meal pick up is at approximately 4 p.m. You can volunteer for just one, or multiple days.***

***\*Many volunteers to help set up for meals, serve, and clean up after the meal. All meals are served at 5 p.m. Set-up begins approximately one-half hour before mealtime.***

***\* For the cookout on Saturday, we are in need of people willing to come early to "man" the grills. We also need help with set-up, serving, and clean-up (especially clean-up!).***

***(email Christina at [shaferband@gmail.com](mailto:shaferband@gmail.com) if you're interested in any of the volunteer opportunities!)***

### **3.) Donate (Super important!) We will be setting up Signup Genius to sign up like last year.**

We need ***TONS*** of snacks. After a long session practicing, the kids are always hungry. Think about the number of snacks your child eats in a day and multiply it times 90!

***\*Apples, oranges, pears, bananas, watermelon, or fruit salad (a group favorite!)***

***\*Baked goods (homemade or store bought), chips, crackers, pretzels, etc. (must be individually packaged)***

***\*Side dishes for the Family Cookout on Saturday. We ask that parents provide any type of side dish or dessert that can be served to the many people who attend the cookout. You don't need to provide enough for over 200 people, but if everyone brings a little something we'll have many great choices! (some choices-any kind of cold salad, cole slaw, veggies, casseroles, baked beans. No bags of chips, please.)***

The cost includes a full meal each day, student t-shirt, 1 pair white gloves, & shoes (if needed)

***Please return lower portion of form with payment.*** (please print clearly)

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

parent email address: \_\_\_\_\_



## **Band/Color Guard Member 2019 Show T-Shirt**

Student name: \_\_\_\_\_

All t-shirt sizes are based on standard adult size.

T-shirt size: (circle one) S                      M                      L                      XL                      2XL

### **Additional 2019 Show T-Shirts**

This part of the form needs to be completed **ONLY** if you are interested in purchasing **extra** t-shirts or any photo pins.

ATTENTION: This is the only opportunity to purchase ADDITIONAL 2019 show t-shirts. They will **ONLY** be available with this order form until JULY 30th! This cost is \$18 per shirt. Checks made payable to **BMMA**.

Please indicate how many of each size?

\_\_\_\_ S                      \_\_\_\_ M                      \_\_\_\_ L                      \_\_\_\_ XL                      \_\_\_\_ 2XL

Amount paid: \_\_\_\_\_ cash                      check                      (circle one)

Parent name: \_\_\_\_\_

Parent of: \_\_\_\_\_

### **PHOTO PINS**

If you wish to purchase a button with your child's picture, it **MUST** be ordered in advance. The cost is \$5 per pin. This is a great way to show your Charger spirit! Checks payable to **BMMA**. On the bottom of the form, please fill out the comments section if you have multiple children and would like them together in a picture.

\_\_\_\_ photo pins @ \$5 ea. = \_\_\_\_\_

Comments:

## Medical Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If so please explain \_\_\_\_\_

Does the nurse have permission to share allergy information with chaperones/staff only? (circle one)    Yes    or    No

Is your child taking any medication? \_\_\_\_\_

If so please explain \_\_\_\_\_

Other Medical conditions \_\_\_\_\_

\_\_\_\_\_

Health Insurance name \_\_\_\_\_

Policy holders name \_\_\_\_\_

Policy number \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_

Relationship to student \_\_\_\_\_

If your child requires prescription medication, we must adhere to school policy. The medication must be in the original container with the prescription on it.

I authorize the volunteer nurse to administer the following over the counter medications: Ibuprofen, Acetaminophen, Benadryl, cough drops, Tums, Hydrocortisone, Caladryl, Dramamine.

As the parent of \_\_\_\_\_, I \_\_\_\_\_ hereby give permission to seek emergency services and to administer treatment, including Emergency transportation or hospitalization, for the student listed above in the event that I cannot be reached in an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_