

BULLARD MIDDLE SCHOOL BANDS PRIDE OF TEXAS BAND CONTEST

PINSTACK PLANO, TEXAS

SCHEDULE

April 22, 2016

April 22 (Friday)	(Pride of Texas Band Contest)
Band Hall open	7:30 a.m.
Be seated in concert formation in Band Hall	8:00 a.m.
Load Instruments on Truck	8:05 a.m.
Roll Check	8:15 a.m.
Load Buses	8:30 a.m.
Leave for Plano	8:45 a.m.
Arrive at Pinstack in Plano	11:00 a.m.
Unload Truck and assemble in concert formation	11:30 a.m.
Proceed to warm-up area (7 th Grade)	12:30 p.m.
Warm-up	12:40 p.m.
Performance	1:00 p.m.
Proceed to warm-up area (8 th Grade)	1:10 p.m.
Warm-up	1:20 p.m.
Performance	1:40 p.m.
Proceed to buses & instrument truck	2:00 p.m.
Load instruments	2:10 p.m.
Meeting for special instructions	2:15 p.m.
Lunch and games at Pinstack	2:20 p.m.
Awards Ceremony	TBA
Dinner at Pinstack	TBA
Meet at buses	6:00 p.m.
Roll check	6:15 p.m.
Leave for Bullard	6:30 p.m.
Arrive at Bullard Middle School	9:00 p.m.

MONEY: Everyone must turn in to Mr. Jordan \$30.00 by Monday, April 4, 2016. This will cover food and admission to Pinstack. Please make checks payable to the "Bullard Band". Please bring extra money for video games. Estimate of extra money: \$20.00

PERMISSION SLIP AND RELEASE FORMS (2): Please turn them in to me on or before Monday, April 4, 2016. You can not go on trip unless I have these forms and the \$30.00 listed above.

BEHAVIOR: All school policies and procedures; and instructions by the band director will be followed at all times.

WHAT TO WEAR: Wear your Band T-shirt and jeans or shorts. Be sure you are in school dress code.

SPECIAL INSTRUCTIONS: Listen carefully during all meetings for more special instructions. If you bring audio devices, you must use headphones only with these items. I would suggest not bringing expensive jewelry or electronic equipment on this trip. Keep all your money in a very safe place.

Gary Jordan, Director of Bands

903-894-2816 (High School)

Chelsye Emmons, HS Assistant Director

903-894-2816 (High School)

Chris Murray, Eighth Grade Director

903-894-2818 (Middle School)

Cameron Warren, Seventh Grade Director

903-894-2818 (Middle School)

BULLARD MIDDLE SCHOOL BAND

AUTHORIZATION FOR TREATMENT OF A MINOR

I (we) the undersigned parents of _____, a minor, do hereby authorize **BULLARD ISD BAND DIRECTORS GARY JORDAN, CHELSYE EMMONS, CHRIS MURRAY OR CAMERON WARREN**, as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of an licensed physician or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the attending physician in the exercise of his best judgment may deem advisable.

The authorization shall remain in effect until June 1, 2016, unless sooner revoked in writing and delivered to said agent.

NAME OF CHILD _____ SEX _____ GRADE _____ ADDRESS _____
DATE OF BIRTH _____ TELEPHONE _____

MEDICAL INFORMATION:

If your child is allergic to any drugs or foods, please list:

A _____ D _____
B _____ E _____
C _____ F _____

List any medication that your child is taking and its purpose:

Medication:	Purpose:
A _____	_____
B _____	_____
C _____	_____

Other pertinent information: _____

FAMILY PHYSICIAN _____	PHONE _____
PARENTS OR LEGAL GUARDIAN _____	PHONE _____
ADDRESS _____	PHONE _____
FATHERS EMPLOYER _____	PHONE _____
MOTHERS EMPLOYER _____	PHONE _____
INSURANCE COMPANY _____	POLICY NO _____
INSURANCE COMPANY _____	POLICY NO _____
EMERGENCY NOTIFICATION _____	
PHONE NO. OF ABOVE _____	RELATIONSHIP _____

AUTHORIZATIONS:

SIGNATURE, FATHER _____	DATE _____
SIGNATURE, MOTHER _____	DATE _____
SIGNATURE, GUARDIAN _____	DATE _____
SIGNATURE, WITNESS _____	DATE _____

There must be a written request from the parent for a student to take any medication, over-the-counter or prescription, while participating in a band function. You may use the reverse side of this form for specific requests.

BULLARD MIDDLE SCHOOL BAND

PRIDE OF TEXAS BAND CONTEST

**PINSTACK
PLANO, TEXAS**

April 22, 2016

TRIP PERMISSION FORM

Please sign and return this form.

I hereby give permission for _____ to participate in the Bullard Middle School Band trip to the Pride of Texas Band Contest in Plano, Texas on Friday, April 22, 2016. I understand the trip will be properly chaperoned and the student agrees to abide by all rules as set forth by the band directors and the Bullard Middle School Handbook. Please turn this form in to me on or before April 4, 2016.

Parent Signatures: _____

Date: _____

BULLARD MIDDLE SCHOOL BAND

PRIDE OF TEXAS BAND CONTEST

**PINSTACK
PLANO, TEXAS**

April 22, 2016

FINANCIAL INFORMATION