

# BULLARD INTERMEDIATE SCHOOL BAND

## SANDY LAKE BAND CONTEST DALLAS, TEXAS

### SCHEDULE

APRIL 29, 2016

<b>April 29 (Friday)</b>	<b>(Sandy Lake Band Contest)</b>	
Band Hall open		7:15 a.m.
Be seated in concert formation in Band Hall		7:20 a.m.
Load Instruments on Truck		7:25 a.m.
Roll Check		7:40 a.m.
Load Buses		7:45 a.m.
Leave for Dallas		8:00 a.m.
Arrive at Sandy Lake in Dallas		10:30 a.m.
Unload Truck and assemble in concert formation		10:35 a.m.
Proceed to warm-up area		11:15 a.m.
Warm-up		11:30 a.m.
Proceed to Performance Stage		11:45 a.m.
<b>Performance on Stage</b>		<b>11:50 a.m.</b>
Proceed to buses & instrument truck		12:15 p.m.
Load instruments		12:30 p.m.
Lunch at Sandy Lake (Cici's Pizza will deliver)		12:45 p.m.
Meeting for special instructions		1:30 p.m.
Free time to enjoy Sandy Lake Amusement Park		1:45 p.m.
Award Ceremony		TBA
Meet at buses		6:00 p.m.
Roll check		6:15 p.m.
Leave for Bullard		6:30 p.m.
Arrive at Bullard Intermediate School		9:00 p.m.

**MONEY: Everyone must turn in to Mr. Jordan \$35.00 by Friday, April 8, 2016.** This will cover your lunch from Cici's Pizza, 44 Amusement Park tickets and your Band trip T-shirt. Please make checks payable to the "Bullard Band". Please bring extra money for evening meal, snacks and extra amusement tickets, etc. Estimate of extra money: \$20.00

**PERMISSION SLIPS AND RELEASE FORMS:** Please turn them in to me on or before Friday, April 8, 2016. You can not go on trip unless I have these forms and the \$35.00 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 trip 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, Trumpets  
Chelsye Emmons, Flutes, Clarinets, Oboes, Saxophones  
Chris Murray, Percussion, French Horns  
Cameron Warren, Trombones, Baritones, Tubas

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## 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, AND 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.

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**SANDY LAKE BAND CONTEST  
DALLAS, TEXAS**

**APRIL 29, 2016**

**TRIP PERMISSION FORM**

Please sign and return this form.

I hereby give permission for \_\_\_\_\_ to participate in the Bullard Intermediate School Band trip to the Sandy Lake Band Contest in Dallas, Texas on Friday, April 29, 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 Intermediate School Handbook. Please turn this form in to me on or before Friday, April 8, 2016.

Parent Signatures: \_\_\_\_\_

\_\_\_\_\_

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

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## SANDY LAKE BAND CONTEST DALLAS, TEXAS

APRIL 29, 2016

### FINANCIAL INFORMATION

Entry Fee	120 student entries @	
Meal at Cici's	60 student meals @	
	Total	\$

#### Checks Needed:

Source	Payable To	Amount
Activity Fund	Cici's Pizza	\$
Booster Club	Nacogdoches I.S.D.	\$
	Total	\$