

Band Camp 2018!

Attached you will find the forms and fees for Groves 2018 Band Camp. As you may know, camp will be at Groves this summer. Camp will be held August 6–10, from 7:45 to 8pm (end times may vary by day) and Pre-Camp will be August 4–5 (time is TBD) for Freshman, Drumline and Band Leadership.

We would like to get all band camp paperwork completed before the end of the current school year. This is important for several reasons. First, communication is much easier while school is in session. Secondly, show shirts need to be ordered, clinicians hired, meals planned and activities reserved. Having all the information we need to do those things will make planning go much smoother. Finally — and most importantly — our marching drill needs to be written over the summer. Each band member needs to be accounted for in the drill, so it is important that we have precise numbers as soon as possible. Camp is a critical part of Marching Band and if you are not able to attend, please discuss your situation with Mr. Burkett as soon as possible.

Over the summer you will receive emails (another reason why we are asking for all your contact information now!) with more information, including a list of items students should bring to camp, a parent sign-up for help and donations, and many more details about the upcoming marching season.

Dates to remember:

February 12 Camp informational meeting in the Band Room (B-15) at 7pm

June 1 Camp forms and fees due (dropped in the Booster box or mailed to

Wendy Christie, 31755 Mayfair Lane, Beverly Hills, MI 48025)

August 4–5 Pre-Camp for Freshman, new band members, drumline and band leadership

to be held at Groves High School, time is TBD.

August 6–10 Band Camp at Groves, typically 7:30am to 8pm each day.

If you should have ANY questions about camp, fees or what to expect, please don't hesitate to ask. You can email us at growesmarchingband@gmail.com

~ Groves Band Boosters



STUDENT INFORMATION SHEET AND BAND FEES FOR FALL 2018

Contact Information for Marching Band (*Please print clearly***)**

Student Na	me
Address	
Parents/Gu	uardians
Student Ph	one Parent Phone
Email 1	Email 2
Email 3	Email 4
as important i	up to four email addresses in our band email system. Parents and students are strongly encouraged to sign up for e-mails information — band news, call times, and event information —is shared via email. Information is also posted on our ovesband.com. Band contact email address is Grovesmarchingband@gmail.com
Fees for	Marching Band
	 \$195*— Fee includes: Band Camp (\$145), 2016 Band show shirt (\$10), Uniform maintenance fee (\$20), Concessions Donation for the invitational (\$20). See page 2 for additional information regarding these fees *Fee is \$50 for those who are not able to attend Camp. Band Shirt Size (circle one) S M L XL XXL Shirts are unisex and 100% cotton. \$10 each — Optional Additional Show Shirts for parents and family members. Write quantity next to size)
	Show Shirt Size S M L XL XXL
	\$30 — Marching Shoes, if needed Marching shoes are mandatory. Freshman must purchase a pair. All students are welcome to see what we currently have in our used stock in the uniform room in lieu of purchasing a pair. \$35 — Band Booster Dues Please consider a more substantive level of support if you are able: \$45 Friend\$60 Sponsor\$100 Patron\$150 and above Director's Circle Name as you'd like it to appear in band concert programs and on GrovesBand.com:
	I would like to make a donation toward the Groves Band Scholarship Fund (for students in need of assistance) Suggested donation: \$20
	I would like to use funds from my Student Account (subtract amount from total here)
	TOTAL FNCLOSED (Checks made out to Groves Band Boosters)

Explanation of Band Fees

Band Camp — The cost of band camp includes: the cost of clinicians, snacks, activities and related transportation, dinners and any other items needed for camp.

Uniform Maintenance Fee — This fee will cover the cost of all dry cleaning and repairs for both marching band and concert uniforms.

Concession Donation for the Groves Marching Band Invitational — We ask that each family donate \$20 toward the Invitational. This will help us control inventory and costs.

Please note, no student will ever be turned away from Band due to an inability to pay. The Groves Band Boosters maintain a scholarship fund for students who may require assistance. If you have any concerns regarding band fees, please contact Mr. Burkett (mburkett@birmingham.k12.mi.us) or the Boosters (grovesmarchingband@gmail.com). All requests for financial assistance will be kept confidential.

Additional Information for Camp Vegetarian meals requested at camp Food Allergies (please list)	
Parent/Guardian Permission Slip	
Name of student:	Grade:
Name of Parent or Guardian:	
Day Time Phone (include area code)	
Emergency Contact:	
Name	Relationship
Day Time Phone (include area code)	
My student has permission to drive with a par	ent to any pre-scheduled off-site activities.
My student has permission to drive to off-site	activities.
My student has permission to ride with other the following student drivers:	
I understand that the Birmingham Board of Education student cannot be disruptive, uncooperative and incomplete the use, possession, or distribution of alcoholic sponsored activity. If my child's conduct is determine from this activity, I understand that the expense for such	nsiderate at school sponsored activities. I understand beverages or illegal drugs is prohibited at any school and to be inappropriate and she/he has to be removed
I hereby give permission to	to participate in band camp.
Print student's	name
Parent's signature	Date:



During Band Camp, each band student will be issued a marching uniform. Concert uniforms will be issues at the beginning of the second trimester. We will also be measuring new students for marching shoes (see band camp forms for ordering information.) *This form must be signed by both parent and student and returned to the boosters in order for a uniform to be issued.*

In order for our uniforms to maintain their excellent condition for many years, there are certain responsibilities that each student will have to assume. Those responsibilities include:

- 1. All uniforms will be kept in the Uniform Storage Room on your assigned hanger. Uniforms will not be taken home unless students are instructed to do so.
- 2. Uniforms may be hemmed as needed but no fabric should be cut. Ask a "Uniform Ninja" for instructions or assistance if your uniform needs to be altered.
- 3. Any damage due to the negligence of the student will require replacement or repair at the discretion of the band directors. This expense will be the responsibility of the student.

Listed below is the approximate cost of each item. (Note that this was the bid price and not actual retail cost.) If individual items must be replaced, the cost may be greater than the amounts listed. If you take care of your uniform, this will not be an issue.

• Marching Jacket — \$250.00

• Shako — \$65.00

• Marching Bibbers — \$115.00

• Plume — \$20.00

• Concert Dress — \$75.00

• Tuxedo Jacket — \$75.00

• Tuxedo Pants — \$35.00

• Tuxedo Shirt — \$25.00

Leaving the uniform on the floor or out of place (meaning anywhere other than on a hanger in the uniform room) is considered negligence and it may negatively impact your grade in band class. Not keeping the uniform clean is also considered negligence, and we, as a group, cannot allow this to take place. If you are guilty of any of these actions, be prepared to assume financial and personal responsibility of said uniform.

I agree to follow the guidelines listed above. I understand that this agreement is a commitment to maintain the uniform at a level consistent with the excellence of this band program. I am responsible for returning the exact numbered uniform parts which are issued to me. It will be my responsibility to replace any uniform parts issued to me if said parts are lost and not found. It is my understanding that the uniform maintenance fee (paid with band camp fees) will cover regular dry cleaning of all uniforms.

Student signature	Parent's Signature		
Date	Date		

Name						Ø D:	unain ah ana
Last	First		M.I.			DI	rmingham
Address							e been changes to your
Number and Street	City	State	Zip			since last	nbers or addresses year?
Student Phone (Cell)	Birthdate						
School		Grade _		_Sex _	Lo	cker#	Bus #/
In case of an illness/emergency, list persline(s) to indicate which person(s) has leg	sons in the order to be calle	ed and circle	the pre	eferred te	lephone numl	er. Check t	AM / PM he appropriate
Parent/Guardian Name					Authori	ty to Conse	nt Pick up
Cell phone	Business				_ Home		
Parent/Guardian Name					Authori	ty to Conse	nt Pick up
Cell phone	Business				_ Home		
Name		Relation	nship _				Pick up
Cell phone	Business				Home		
Name		Relation	ationship				Pick up
Cell phone	Business				Home		
Does your child have an specific physical/health problems? Yes No Allergies (please check)							
Insects				ve disorder,	Seizures		other:
Physician or specialist providing care for the above Physician name(s)		Phone					
Specify medication(s)							
Does your child's health require that any of the for from school office. Epi-pen Benadryl Pea		ŕ					
Student's Primary Physician			Phor	ne			
Health Insurance Company			Polic	cy Number_			
In case of emergency, the school authorities have	e my permission to take such acti	ion as they dee	m necess				
Emergency personnel have the legal right "to sav	a lifa ar limh" sa na child's lifa is i	n dangar whan	a parent (ent/Guardian Signature		Date
including physicians and hospitals, wait until a pa WITNESSED SIGNATURE is available. Please	arent is present before initiating tre	atment. Some h	ospitals 1	may be willi	ng to proceed in		
In case of an injury or illness involving n numbers provided, WE AUTHORIZE emergence advisable for our child's comfort and well-being.							e reached at the phone h treatment as they deem
In case of an injury or illness involving n numbers provided, we DO NOT give our consen District authorities, emergency personnel and any PARENTS/GUARDIANS: This provision shal	t for any medical treatment, include medical professional, hospital or in	ing where illnes medical facility	ss or injui to take n	ry may requ to action wh	ire emergency tre	atment. We di	
Parent/Guardian Signature	Date	Witness	Signatu	re (Require	ed)		Date