

All-Star Band Trip

Friday, May 28, 2010

SeaWorld San Antonio

All-Star Band Concert

Thurs. May 27 6:00 p.m. – KMS Pit

We will rehearse from 4:00 p.m. - 5:30 p.m. and then move the chairs and stands into the Pit for a brief concert at 6:00p.m. Please wear your Kerr band shirt for this performance. We will be finished by 6:30 p.m. **Performance is required to go on the trip.

Schedule for Friday, May 28:

4:45 a.m. Check roll in band hall
4:55 a.m. Load buses
5:00 a.m. Depart for San Antonio (we love you, but we won't wait on you☺)
10:00 a.m. Arrive at SeaWorld San Antonio
10:01 a.m. Free time!!!
6:15 p.m. Load buses
6:30 p.m. Depart for home
11:45 p.m. Arrive at Kerr Middle School

YOU NEED:

- 1. Money for supper, snacks, souvenirs, and lockers. (Lockers are \$11, you get \$5 back when you turn in the key).**
- 2. Snacks for bus trip**
- 3. SUNSCREEN!!**
- 4. Dry clothes to wear home (you cannot ride the bus in wet clothes)**
- 5. Pillow and blanket for bus**
- 6. SUNSCREEN!**

Other Important Info:

1. You must wear shorts (or pants) and shirt on the bus. Clothes worn on the bus must meet dress code and must be dry.
2. Boys and girls may not sit together on the bus.
3. You will have a meal ticket for one meal. It is your responsibility to keep up with it. Lost tickets cannot be replaced.
4. Make arrangements to call each other on Friday morning to insure that you wake up on time.
5. Total trip cost for each student: \$40.00. Price includes charter bus, admission ticket, meal ticket, and t-shirt. The total trip cost is \$78. The band is paying the other \$38. **Money is due by May 27, 2010.**

Band Cell Phone: 817-909-7268

KMS Band

All-Star Trip Authorization

May 28, 2010

Student's Name : _____

He/she is covered by _____ insurance company (if applicable).

Policy number _____ in case of accident.

I hereby give my consent for the above named student to travel to SeaWorld in San Antonio, Texas with the band, band directors, and/or representatives on Friday, May 28. I also give consent for school employees to secure emergency first aid or medical services for the above named student. I release the Burleson Independent School District and all accompanying school authorities and chaperones from all responsibility pertaining to claims and expenses in case of accident, injury, or loss of life that might occur. I understand that all reasonable precautions will be taken to insure the safety of my child during this activity.

Medical Information

(Please print the following information)

Father/Guardian _____ Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Mother/Guardian _____ Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Allergies (drugs and/or food) _____

Chonic medical conditions (diabetes, asthma, epilepsy, etc.) _____

Medications taken regularly _____

Other information _____

Signature of Parent/Guardian

Date

All-Star Band

Required After School Rehearsals and Concert

May 24-27 (Monday - Thursday) 4:00 pm-5:30 pm

**Required after school rehearsals

KMS Band Hall

**All-Star Band Concert

May 27, 2010

6:00 pm KMS Pit

**Attendance is required. An unexcused absence will result in removal from the All-Star Band.

Extra Ticket Order Form

(for **sponsors** and **family** of All-Star students only)

Name of Sponsor _____

Name of All-Star Student _____

Ticket + Meal: # of tickets _____ x 40.95 = \$ _____

Please make checks payable to: *Kerr Band*

****Do not use this form for All-Star students' tickets****