

# Cedar Hill Music Program

CAPITAL CITY JAZZ FESTIVAL - GRADE 8 JAZZ BAND

FRIDAY, MAY 13TH, 2016

Dear Jazz Band Parents,

The Grade 8 Jazz Band has been entered to participate in the Capital City Jazz Festival on Friday, May 13th, 2016 at École John Stubbs Memorial School in Colwood, BC. The Capital City Jazz Festival (CCJF) is festival that features middle and secondary jazz bands on a unique, non-competitive stage. This will be a great opportunity to play and hear other band hands performing who are at the same level. This festival is open to the public to watch as well. ***Students need to be wearing their music shirt and black bottoms (pants or skirt with tights), and dark shoes.***

## Itinerary

|          |   |
|----------|---|
| 7:30 am  | Meet in the Music Room  |
| 7:40 am  | Leave for John Stubbs School  |
| 8:10 am  | Arrive at John Stubbs School  |
| 8:20 am  | Sound Check   |
| 9:00 am  | Watch and listen to Dunsmuir Jr. Jazz, Arbutus Middle School, and St. Michael's University Middle School. |
| 9:45 am  | Performance   |
| 10:00 am | Pack and Leave for Cedar Hill Middle School   |
| 10:30 am | Arrive at Cedar Hill Middle School  |

For your child to participate, please fill out the permission form at the back of this information sheet.

We are also in need of parent drivers to travel to and from John Stubbs School (301 Zealous Crescent, Colwood, B.C.). If you are able to help in this capacity, please fill out the information at the bottom.

Please let me know if you have any questions or concerns. Thank you!

Yours truly,



Cindy Romphf  
**Music Teacher**

## Carpooling

***Please fill out the following information if you are able to carpool.***

Student's Name: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Cell Phone: \_\_\_\_\_  
(for emergency)

Has the driver filled out the "Driver information and Authorization" Form in the office?

☐

Yes

☐

No, but will

How many students can your vehicle hold (not including the driver)? \_\_\_\_\_

**Thank you for helping!**

**SCHOOL DISTRICT NO. 61 (GREATER VICTORIA)  
 CERTIFICATE OF PARENTAL AUTHORITY  
 FOR SPECIAL SCHOOL JOURNEYS**

John Stubbs Memorial School

Friday, May 13th, 2016

DESTINATION OF JOURNEY

DATE(S) OF JOURNEY

Cedar Hill Middle School

Cindy Romphf

NAME OF SCHOOL

NAME OF TEACHER IN CHARGE

A special school journey is planned for the date(s) specified above. Although the journey will be supervised, the individual discretion of the student will be relied upon to a certain extent to maintain discipline and safety.

Details regarding the planned journey are attached to this form.

I give permission for my son, daughter, or  
 student under my care, to participate in  
 the special school journey identified above.

NAME OF STUDENT

SIGNATURE OF PARENT OR GUARDIAN

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

Bus. Phone \_\_\_\_\_

Please provide the names of two people who may be contacted in the absence of the student's parents/guardians.

NAME OF ALTERNATE

ADDRESS

TELEPHONE

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