

## **Grade 7 Concert Band Festival Trip**

Nanaimo/Port Alberni, B.C.

Thursday, April 3<sup>rd</sup> to Friday, April 4<sup>th</sup>, 2014

The Cedar Hill Grade 7 Concert Band has been entered into the Vancouver Island Concert Band Festival being held in Port Alberni. Concert Bands from all over the island perform in this festival.

**There will be a mandatory trip meeting Tuesday, March 25<sup>th</sup> at 7:00 p.m. in the Music room at Cedar Hill to go over the details of the trip. The participating student and 1 parent must be at this meeting.**

We are in need of 11 parent chaperones (female and male) to accompany the students on this trip. Please let Mrs. Romphf and Ms. Colville know if you are interested in chaperoning by emailing [cedarhillmusic@gmail.com](mailto:cedarhillmusic@gmail.com) as soon as possible. All chaperones' fees are covered except for food.

The total cost of this trip is \$155 per student and \$75 is **non-refundable**. This price does NOT include dinner on Friday. It is recommended that students bring an appropriate amount of money for this meal. All other snacks and meals are covered. **Please make cheques payable to "CHMPA"**

**\*\*No student will be denied the opportunity to participate in any school activity due to an inability to pay. Please contact the school Principal Mr. Caldwell (250-477-6945) if this is a concern.**

### **TENTATIVE Itinerary**

#### **Thursday, April 3<sup>rd</sup>**

12:15 p.m.	Meet in the Music Room
12:30 p.m.	Leave for Nanaimo
2:30 p.m.	Arrive at Vancouver Island University in Nanaimo
3:00 p.m.	Music Workshops at VIU
4:30 p.m.	Have dinner at VIU cafeteria
6:00 p.m.	Leave for hotel and check in
7:00 p.m.	Go swimming at Nanaimo Aquatic Center
8:30 p.m.	Go back to the Hotel (Green Light)
9:00 p.m.	In your own room (Yellow Light)
10:00 p.m.	Lights out! (Red light)

#### **Friday, April 4<sup>th</sup>**

7:00 a.m.	Wake up!
7:30 a.m.	Breakfast and clean up room
8:00 a.m.	Room check and check out of hotel
8:15 a.m.	Leave for Port Alberni
9:15 a.m.	Arrive in Port Alberni
10:00 a.m.	Performances and Clinics
11:45 a.m.	Eat Lunch
12:30 p.m.	Leave for Parksville
1:15 p.m.	Mini Golf
3:00 p.m.	Travel back to Victoria
5:30 p.m.	Arrive back at Cedar Hill



If you have any questions, please ask or email [cedarhillmusic@gmail.com](mailto:cedarhillmusic@gmail.com) Please fill out the back and the medical form and hand in by Friday, February 22nd regardless if your child is participating or not.

In Harmony,

Mrs. Cindy Romphf and Ms. CJ Colville

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

- ☐ I will be participating in this Music trip and have included the full payment.
- ☐ I will be participating in this Music trip and would like to use funds in my student music account and pay the difference. I have \$ \_\_\_\_\_ in my account.
- ☐ I will NOT be participating in this event.

***If you are interested in chaperoning this music trip, please email:  
cedarhillmusic@gmail.com.***

**For Participating Students**

\* Each 6" Sub will be on brown bread and have lettuce, tomato and cheddar cheese. Mustard and Mayo will be available on the side. Please choose your Subway sandwich for Friday's Lunch:

- ☐ Veggie                      ☐ Ham                      ☐ Turkey                      ☐ Roast Beef

**Please hand in to Mrs. Romphf/Ms. Colville by**  
**Friday, February 22<sup>nd</sup>, 2014**

## STUDENT OVERNIGHT ACCOMMODATION FORM

To be completed by parent/guardian:

School: Cedar Hill Middle School

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

*\* Please put an asterix beside  
the number you want on the  
phone tree.*

Emergency Contact:

Name (1): \_\_\_\_\_

Name (2): \_\_\_\_\_

Telephone (1): \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Telephone (2): \_\_\_\_\_

### Medical Information

CARE Card Number: \_\_\_\_\_

Travel Insurance: N/A Coverage No. N/A

Passport/I.D. Number: \_\_\_\_\_

Medical Alert Information (allergies, dietary restrictions, medication, existing medical conditions) that you want the supervisors and/or billeting family to know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is given to seek medical attention. Parent /guardian will be notified.

Signature of Parent/Guardian \_\_\_\_\_

- ☐ 1 copy to office
- ☐ 1 copy to teacher
- ☐ 1 copy to billeting family

Modification to this document is not permitted without prior written consent from the Greater Victoria School District.

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

PARENT/GUARDIAN SECTION: Please read carefully

A school field trip to Nanaimo/Port Alberni (Vancouver Island Concert Band Festival)

Date and Time April 3 - 4, 2014 Transportation by Charter Bus

The field trip will be supervised by Cindy Romphf and CJ Colville In accordance with the School District's Policy and Regulations, students are expected to observe the school's Code of Conduct and rules of the field trip. More details, if applicable regarding the planned field trip, are attached to this form.

It is the parents' / guardians' responsibility to alert the school of any student requiring special medical care or medications so that provisions can be made for procedures to meet any potential emergent need. Adequate notice is given to parents/guardians in order that they may provide appropriate student protection from the elements and for the setting. Examples are the use of sunscreen, wearing of hats, and having the proper attire and the appropriate footwear.

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

NAME OF STUDENT \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Please advise the school of any medical information and additional relevant information pertinent to your child's needs. Provide the names of two people who may be contacted in the absence of the student's parents/guardians.

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**ADDITIONAL PARENT/GUARDIAN INFORMATION**

1. No student will be denied educational opportunities due to financial hardship. Please speak in confidence to the principal, teacher or counsellor.
2. A copy of this form will be available in the school office accompanied by a participant list.
3. There will be a program of instruction given to those students choosing not to participate in the field trip.

Comments/Questions \_\_\_\_\_

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