

GRADE 7 CONCERT BAND FESTIVAL TRIP

Nanaimo/Ladysmith/Parksville, B.C.

Wednesday, April 11th to Thursday, April 12th, 2018

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

There will be a mandatory trip meeting Tuesday, April 3rd 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 8 parent chaperones (female and male) to accompany the students on this trip. Please let Mrs. Romphf know if you are interested in chaperoning by emailing cedarhillmusic@gmail.com as soon as possible. All chaperones' fees are covered except for food. Chaperones are chosen on qualifications (First Aid, Male/Female Ratio, etc.) and not on a "first come first serve" basis.

The total cost of this trip is \$145 per student and \$75 is **non-refundable**. This price does NOT include dinner on Wednesday. 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. Giesbrecht (250-477-6945) if this is a concern.**

TENTATIVE Itinerary

Wednesday, April 11th

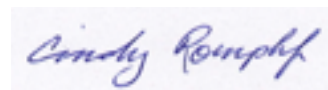
1:48 p.m. Meet in the Music Room
2:15 p.m. Leave for Nanaimo
4:15 p.m. Arrive at Vancouver Island University
in Nanaimo
4:30 p.m. Music Workshops at VIU
5:45 p.m. Have dinner at Woodgrove Centre Food
court
6:15 p.m. Leave for hotel and check in
7:00 p.m. Go swimming at Nanaimo
Aquatic Centre
8:30 p.m. 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)

Thursday, April 12th

7:30 a.m. Wake up!
8:00 a.m. Breakfast and clean up room
9:00 a.m. Room check and check out of hotel
9:15 a.m. Leave for Ladysmith
9:45 a.m. Arrive in Ladysmith
10:00 a.m. Performance and Clinic
12:00 p.m. Eat Lunch
12:30 p.m. Leave for Parksville
1:00 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 Please fill out the back and the medical form and hand in by Friday, March 9th. If your child is not participating, please have them hand the form in indicating the intent.

In Harmony,



Mrs. Cindy Romphf

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Student's Name: _____

- I will be participating in this Music trip and have included the full payment by Cheque or Online
- 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

SUBWAY SANDWICH ORDER FOR THURSDAY'S LUNCH:

- | Meat | Bread | Toppings (Choose Any) | Condiments |
|----------------------------------|-----------------------------|---|------------------------------------|
| <input type="radio"/> Ham | <input type="radio"/> Brown | <input type="radio"/> Lettuce | <input type="radio"/> Mayo |
| <input type="radio"/> Turkey | <input type="radio"/> White | <input type="radio"/> Tomato | <input type="radio"/> Mustard |
| <input type="radio"/> Roast Beef | | <input type="radio"/> Green Pepper | <input type="radio"/> Other: _____ |
| <input type="radio"/> Veggie | | <input type="radio"/> White Cheddar Cheese | |
| | | <input type="radio"/> Yellow Cheddar Cheese | |
| | | <input type="radio"/> Other: _____ | |

Please hand in to Mrs. Romphf by
Friday, March 9th, 2018

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: N/A

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/Ladysmith/Parksville

Date and Time April 11 - 12, 2018 Transportation Charter Bus

The field trip will be supervised by Cindy Romphf

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 addition 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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