



*Savanna High School*  
***Mighty Rebel Band and Colorguard***

301 N. Gilbert Street, Anaheim, CA 92801

[www.savannaband.info](http://www.savannaband.info) or [www.savannaband.com](http://www.savannaband.com)

**August 2008**

**Mark your calendar now!**  
**Monday – Aug 18<sup>th</sup> – 7PM: Parent Meeting**  
**Thursday – August 28<sup>th</sup> : Dinner and Show**  
**Thursday – September 4<sup>th</sup> : First Performance, Home Football Game**

*Welcome to Band Camp 2008! This is an exciting time as it kicks off our fall season. Attached is a little information and a LOT of forms ... but they are all very important – please fill out and return to us by Wednesday August 20<sup>th</sup>!*

*Just a tip on the forms, I know we ask for your address on every form over and over again – feel free to use return address labels on them – but we really do need every form filled out completely as we do send them off to different places and people.*

*Thank you for your help and cooperation!*

**FORMS ATTACHED**

<b>1. Student Contact Sheet</b>	<b><u>Mandatory.</u></b> Provides us with basic contact information for students. There are lots of updates all year long and we want to be able to reach everyone.
<b>2. Medical Authorization Form</b>	<b><u>Mandatory.</u></b> Actually a different category – this is critical! We travel a lot – and students often come up with minor issues (eg: headaches). We can not hand over even over the counter medication without your permission. In addition, many students have various medical issues, allergies, etc. that we must know about in case an issue comes up. Please take the time to fill this out completely. Students will not be allowed on the bus to travel without this completed.
<b>3. Shirt / Rebel Pride Form</b>	<b><u>Mandatory.</u></b> This form is used for two things: 1) Every student gets a 2008-2009 T-Shirt (which they need to retain through the year as it is worn for some events) as a part of their fees. However, we need to know sizes. Please let us know your students size even if you don't order anything else! 2) There are other things that students and parents can order – additional T-Shirts, Hats, Polo Shirts, and Band Bags. These cost extra, but help show our Rebel Pride!
<b>4. Showcase Dinner Order Form</b>	<b><u>Mandatory.</u></b> Everyone is invited to have dinner with us on 8/28. Again this year we will be having the Carl's Jr. Starmobile Truck here. However, they require pre-ordering of the food/payment. Everyone needs to pre-order, including students. Invite friends and family, but don't forget to order for them too!
<b>5. Volunteer Form</b>	<b><u>Optional.</u></b> OK, it is optional, but everyone should be involved. We need all sorts of skills to make this program successful. Even if we don't list your skill, write it down and I bet we can find some way to work it in. Sometimes, we don't even know what to ask for – so tell us!
<b>6. Booster Membership Form</b>	<b><u>Optional.</u></b> Officially become a member of the Booster organization – open to family and friends!

## STUDENT CONTACT SHEET AND INFORMATION FORM

PLEASE PRINT

**Student Last Name** \_\_\_\_\_

*Note: For families with more than one student in the program,  
you can use only one form if all the information is the same.*

**STUDENT(S)  
FIRST NAME**

**GRADE**

**SECTION**

Parent/Guardian Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_\_) \_\_\_\_\_

*Remember – we need Area Code now with the overlay system! Is this (circle one) WORK CELL Other: \_\_\_\_\_*

Parent E-mail: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

**Alternate Address** – If you would like news and information sent to an additional family address/location, please fill out the following information:

Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_\_) \_\_\_\_\_

*Remember – we need Area Code now with the overlay system! Is this (circle one) WORK CELL Other: \_\_\_\_\_*

E-mail: \_\_\_\_\_

**2008-2009 Cost:**

*For the 2008-2009 School year, band fees and costs are as follows –*

*Fall Participation Fees - \$600*

*Fall Colorguard Uniform Cost – Varies depending upon year, ~\$100*

*Fall Colorguard Warm-ups (can be used multiple years), ~\$75*

*Fall Band Marching Shoes – As needed, ~\$35*

*Fall / Spring “Away/overnight” trips may be at additional cost depending on location and duration*

*Additional gloves, black socks, t-shirts are sold to students if they forget theirs*

*Winter concert season, boys require tuxes and girls black dresses – may be purchased through organization (~ \$75 to \$125) or independently*

*Spring Drumline / Winterguard Participation Fees - \$125*

*Specific Student credits can be earned through parent participation, sales of various fundraising items.*

**Acknowledgement:**

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

\_\_\_\_\_  
Date

**Payment Information** – first payment minimum \$200, due with Packet on Wednesday, August 20<sup>th</sup> Indicate Payment method:

\_\_\_ Cash or \_\_\_ Check (# \_\_\_\_\_) or \_\_\_ Paypal/Credit Card via Website (date: \_\_\_\_\_)

**NOTE: Cash or Check Payments should be deposited into the SAFE,  
not handed to Mr. Belski or left in the office or band room.  
Checks should be payable to “Savanna Band & Pageantry Boosters”**

MEDICAL AUTHORIZATION FORM

PLEASE PRINT - ONE PER STUDENT
COMPLETE AND SIGN THE ENTIRE FORM - INCLUDING CONTACT INFORMATION

Student Name First Name Middle Initial Last/Family Name

Age: Grade: Section:

Relevant Medical Condition(s):

Allergies: Medicines:

By Checking off the medication(s) below, I authorize Savanna Band and Colorguard volunteers to give my child those said medication(s) - check all that you authorize:

- Advil Benadryl Tylenol Visine Eye Drops Tums
Pepto-Bismol Cough Drops Immodium Throat Lozenges Sudafed
NO Medications to be given to my child

If your child is taking prescription medication that is on a schedule and needs to be given during a band event, please complete the following:

1st Medication: Dosage:
Frequency given a day Times to be given

2nd Medication: Dosage:
Frequency given a day Times to be given

Please keep ALL (whether prescription or over the counter) medication in it's original container. Do not put in other containers, plastic bags, etc.

- I authorize Savanna Band and Colorguard volunteers to give my child said medication(s) listed above.
- I hereby give Savanna Band and Colorguard volunteers my permission to authorize any medical treatment deemed necessary in their judgment.

Parent / Guardian Signature Date:

CONTACT INFORMATION
Parent Information: Name, Phone, Cell Phone, Work Phone
Alternate Contact: Name, Relationship, Phone, Cell Phone, Work Phone







### BOOSTER MEMBERSHIP FORM

PLEASE PRINT

**Booster membership includes the right to serve on the board of the organization, as well as vote on important items like the budget and leadership. Membership costs \$5/year per person. Also, sign up others – like family and friends and they will get newsletters sent to their home!**

Booster Member Name \_\_\_\_\_

Mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_\_) \_\_\_\_\_  
*Remember – we need Area Code now with the overlay system! Is this (circle one) WORK CELL Other: \_\_\_\_\_*

E-mail: \_\_\_\_\_

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Booster Member Name \_\_\_\_\_

Mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_\_) \_\_\_\_\_  
*Remember – we need Area Code now with the overlay system! Is this (circle one) WORK CELL Other: \_\_\_\_\_*

E-mail: \_\_\_\_\_

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Booster Member Name \_\_\_\_\_

Mailing address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_\_) \_\_\_\_\_  
*Remember – we need Area Code now with the overlay system! Is this (circle one) WORK CELL Other: \_\_\_\_\_*

E-mail: \_\_\_\_\_

**Include \$5 for each membership.  
Checks should be payable to “Savanna Band & Pageantry Boosters”**