



**MONEY MATTERS
GOLD BRIGADE BAND
Fee Facts and Figures**

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**COMPLETE & RETURN the Following Pages:
WC Gold Brigade 2011 Commitment Form and Contract**

Each member of the Gold Brigade Marching Band must pay **\$325 Gold Brigade Band Support Fee**. Many bands in the Indianapolis area have a \$500-\$1500 marching band fee, so ours is modest in comparison. Your Support Fee goes towards uniform, competition, travel, and meal expenses. Additionally, fees go toward the uniform fund, trailer maintenance, instructional assistants, and other areas vital to fielding a marching band.

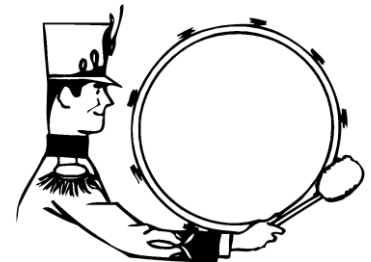
There are set deadlines for fee payments:

Payment:

- #1: \$125
- #2: \$100
- #3: \$100

Deadline

- July 15, 2011
- August 15, 2011
- September 15, 2011



Full payment or remaining balance may be paid prior to any deadline.

EARLY BIRD SPECIAL 10% DISCOUNT
FEEES PAID IN FULL BY THE FIRST PAYMENT DUE DATE OF JULY 15TH
WILL GET A 10% DISCOUNT
\$325.00 - 10% = YOU PAY \$292.50 A SAVINGS OF \$32.50!

REFUNDS for Drop-Outs:

Each member is responsible for the membership fees that were due by the date they quit. Excess amounts will be refunded when a participant's parent gives written notice to a director and is based on the amount the member has paid at the time of withdrawal.

Example: If a participant has paid \$325, and elects to dropout on August 1st, the remaining \$200 would be refundable. There are no refunds after September 15th.

Payments may only be made by mail or directly to the student fees treasurer.

Mail to: WC Gold Brigade Boosters
PO Box 19136
Indianapolis, IN 46219
Attention: Student Fees

Questions?
Please Contact Gwynn Swank
317-431-2997
studentfees@wcperformingarts.com

Warren Central BAND Membership Contract

Please Print:

Student Name: _____ (Student)

Parent/Guardian Name: _____ (Parent/Guardian)

Student Contract:

By signing below, the Student understands the contents of the 2011 Warren Central Marching Band Packet (including the grading policies) and the WCHS Student Handbook.

Student

Signature: _____ Date: _____

Parent/Guardian Contract:

The Parent/Guardian agrees that the Student and the Parent/Guardian will follow these regulations for the good of the entire organization. The Parent/Guardian accepts full responsibility in giving permission for the Student to travel and participate with the Warren Central Marching Band in all activities during the 2011 season. Activities include, but are not limited to rehearsals, performances, and team building events. Permission will NOT be granted to any student wishing to drive to or from competitions.

The Parent/Guardian agrees to pay the \$325 membership fee and all required fees as scheduled so the Student will be allowed to participate in the 2011 Marching Band. The Parent/Guardian agrees that failure to pay the total fee for the Student will result in actions to be taken by Warren Central High School or the WCHS Band Boosters to collect said fees. The Parent/Guardian will be held responsible for any additional costs (i.e. collection agency and court costs) incurred for any actions taken to collect this debt.

REFUNDS & MEMBERSHIP WITHDRAWAL: The Parent/Guardian accepts financial responsibility for the Membership Fee as outlined in the payment schedule. A Student that withdraws from the program is financially responsible for the payments that were due at the date-of-withdrawal. For example, if the Student or Parent/Guardian notifies the director that the Student will withdrawal from the group on August 21, then they are responsible for BOTH the July and August payments (not September) totaling \$225.

Payment Schedule:

July 15, 2011 – \$125

August 15, 2011 – \$100

September 15, 2011 – \$100

Parent/Guardian

Signature: _____ Date: _____

Director's

Signature: _____ Date: _____

Return this completed contract to Mr. Meckes by June 20, 2011

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Warren Central Gold Brigade – WINDS AND PERCUSSION
2011 Rehearsal and Performance Schedule

JUNE CAMPS

Monday, June 6 - Tuesday, June 7	4:00 PM - 9:00 PM	(June 6: no percussion)
Monday, June 20 - Wednesday, June 22	4:00 PM – 9:00 PM	(winds and perc.)
Monday, June 27 – Wednesday, June 29	2:00 PM – 5:00 PM	(perc. Only)

HAWAII

Monday, June 6 – Wednesday, June 8 (rehearsal)	2:00 PM – 4:00 PM
Thursday, June 9 – Wednesday, June 15 (trip)	

PRE- CAMP

Wednesday, July 6 – Friday, July 8	4:00 PM – 9:00 PM	(all personnel)
Monday, July 11 – Friday, July 15	4:00 PM – 9:00 PM	(all personnel)

BAND CAMP

Monday, July 18 – Friday, July 22	1:00 PM – 9:00 PM	(all personnel)
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POST-CAMP

Monday, July 25 – Friday, July 29	4:00 PM – 9:00 PM	(all personnel)
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School begins Monday, August 1.

Weekly rehearsals will be Tuesdays and Thursdays, starting August 2 and 4 from 5:30PM to 9:00 PM.

See the schedule below for dates for Friday and Saturday rehearsal and performance commitments:

Saturday, August 6	Rehearsal	Saturday, Sept 24	Invitational
Saturday, August 13	Rehearsal	Saturday, October 1	ISSMA District
Saturday, August 20	Rehearsal	Saturday, October 8	Invitational
Saturday, August 27	Football game	Friday, October 14	Football game
Saturday, Sept 10	Rehearsal	Saturday, October 15	ISSMA Regional
Friday, Sept 16	Football game	Saturday, October 22	ISSMA Semi-State
Saturday, Sept 17	WCHS Invitational	Saturday, October 29	ISSMA State Finals
Friday, Sept 23	Football game		

Fall Intersession Rehearsal Schedule

Tuesday, October 11	5:30 PM – 9:00 PM	Tuesday, October 18	5:30 PM – 9:00 PM
Thursday, October 13	10:00 AM – 4:00 PM	Thursday, October 20	10:00 AM – 4:00 PM
Friday, October 14	1:00 PM – 4:00 PM	Friday, October 21	1:00 PM – 4:00 PM

Warren Central Performing Arts Department

Permission slip and health form

This permission slip is used to authorize your student to participate as part of the Warren Central Performing Arts Program. School authorities, parent chaperones and staff may need to use the medical information provided.

Student Name _____

Mailing Address _____ Zip Code: _____

Home Phone _____ Secondary Phone(s) _____

Email address(es) IMPORTANT! _____

List any allergies _____

List any medications your child is taking _____

List any medications your child may **NOT** take _____

Does your child have any health conditions that may limit their participation in any activities? If so, please explain _____

May the chaperones/staff provide the following to your child on request? (circle each)

Aspirin	Yes or No	Acetaminophen/Tylenol	Yes or No	Midol	Yes or No
Ibuprofen/Motrin	Yes or No	Pepto Bismol	Yes or No	Saline Sol.	Yes or No
Throat lozenges	Yes or No	Aleve	Yes or No	Peroxide	Yes or No
Cough suppressant	Yes or No	Sudafed	Yes or No	Calergy Lotion	Yes or No
Bee Sting Relief	Yes or No	Sunscreen	Yes or No	Eyedrops	Yes or No

Date of last tetanus immunization, month/year _____ Parent initials _____

Does your child wear contact lenses and/or removable dental appliance? _____

Parent / Guardian Name _____

Parent / Guardian Telephone _____ Work _____ Other _____

List a responsible adult to contact in the event a parent / guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Student's Physician _____ Office Phone _____

Insurance Company _____ Phone _____

Address _____ Policy/Group# _____

Name of insured _____

I hereby grant permission for my child (named herein) to participate in all rehearsals, activities, travel, and trips with the M.S.D. of Warren Township, Warren Central Performing Arts Department, and Warren Central High School Band Boosters - involving some water related activities. I understand that this activity does expose my child to the risk of injury or death. I further understand that participation in these trips will involve activities off of school property and that neither the M.S.D. of Warren Township nor its employees will have any responsibility for the condition of non-school property.

Furthermore, if immediate observation or treatment is urgent in the judgment of school authorities, I authorize and direct the school authorities to send my child, properly accompanied, to the hospital, doctor, or dentist most accessible. I further agree to reimburse Warren Central High School for any medical expenses that may be incurred by my child while they are participating in these activities.

Parent/Guardian Signature _____ Date _____