

Marching Pride of Lawrence Township

Financial Information 2016

Marching Band & Guard Fees: \$700

Marching Band & Guard fee includes clinicians salaries, show design, uniform, uniform laundering, undergarments, 1st pair of gloves, 1st pair of socks, transportation, crayons, band camp, cases of water, meal plan (on competition days and before football games), bus snacks served during competition season, ticket to DCI event in June, and ticket to BOA prelims in November. (Additional gloves and socks may be purchased from your home school for an additional fee.)

Fees do not include mandatory marching band shoes. Shoes must be purchased from your home school, but can be worn over multiple seasons. All first year marchers will need shoes. Cost of shoes is \$40.

Fees do not include 2016 show shirt and mandatory Rose Parade t-shirt. Both can be purchased through your Performing Arts office.

All payments will be made through your home school's booster organization: Lawrence Central Performing Arts Association (LCPAA) or Lawrence North Band Boosters (LN Bands).

Marching band fees are due in full by June 30, 2016.

-or-

5 payment plan of \$140 (running June 30-October 30)

-or-

10 payment plan of \$70 (running June 30-November 30)

Additional Fees

Separate class fees will be charged for concert band & guard as determined by the home school. Also, instrument rental fees for school owned instruments may be assessed.

Payment Plans & Financial Assistance

Payment plans may be arranged with the Band Director at your high school. In addition, fundraising and other financial assistance opportunities are offered at both LC and LN. Your directors will let you know the specifics. These opportunities are in place for students in need and could defer a portion of their marching band fees. All students and their parents will be expected to volunteer for events and participate in fundraisers, especially if requesting financial assistance.

Staff Listing

Lawrence Central Staff:

Randy Greenwell	Band Director	964-7551	randygreenwell@msdlt.k12.in.us
Matthew James	Band Director	964-7552	matthewjames@msdlt.k12.in.us
Steve Yoder	Percussion Director	964-7562	stevenyoder@msdlt.k12.in.us
Julie Reid	Color Guard Director	964-7569	juliereid@msdlt.k12.in.us
Kimberly Corman	Performing Arts Assistant	964-7553	kimberlycorman@msdlt.k12.in.us

Lawrence North Staff:

Glen Hauger	Band Director	964-7954	glenhauger@msdlt.k12.in.us
Tom Wallis	Band Director	964-7955	thomaswallis@msdlt.k12.in.us
Nathan Bushey	Percussion Director	964-7958	nathanbushey@msdlt.k12.in.us
Dallas Thornton	Color Guard Technical Training Director		jdthornton1@gmail.com
Alison Goller	Performing Arts Secretary	964-7951	alisongoller@msdlt.k12.in.us

Contact Us and Stay Connected

All LCHS and Belzer MS students/parents will direct questions and payments to Lawrence Central.

All LNHS and Fall Creek Valley MS students/parents will direct questions and payments to Lawrence North.

Websites: For information about all performing arts activities and events, including performances and rehearsal schedules, itineraries, forms, fundraisers and volunteer opportunities go to:

www.marchingpride.org, www.lcpaa.org or www.lnband.com

E-Mail List serves: There is a link on each band's website to add your email address to the List Serve recipient lists. During the marching season and the school year this is the primary method of communication that the Band utilizes to provide important time-sensitive information about upcoming events and activities.

WE STRONGLY ENCOURAGE ALL PARENTS, GUARDIANS AND STUDENTS TO SIGN ON THE LIST SERVE.

Twitter: Follow us on Twitter for band program highlights. www.twitter.com/lcpaa or www.twitter.com/LNband

Contact us if you have questions:

Performing Arts Secretary:

LC: Kimberly Corman kimberlycorman@msdlt.k12.in.us 317-964-7553

LN: Alison Goller alisongoller@msdlt.k12.in.us 317-964-7951

Our Schools: **Lawrence Central High School**, 7300 East 56th Street, Indianapolis, IN 46226

Lawrence North High School, 7802 Hague Road, Indianapolis, IN 46256

marching pride

of lawrence township

2016 Summer Calendar (Subject to change)

<u>Day</u>	<u>Date</u>	<u>Event</u>	<u>Location</u>	<u>Time</u>
M	5/16	MPLT Kick-off Show Reveal Meeting	LC	7pm-8:30pm
F	5/27	Rookie Camp (all Rookie Marchers)	LN	5pm-9pm
	5/28-6/19	VACATION!		
M-W	6/20-6/22	Rehearsal	LN	2pm-9pm
Th	6/23	Rehearsal	LN	10am-4pm
Th	6/23	Drum Corps Evening Field Trip	Lucas Oil	5pm-11pm
F	6/24	Rehearsal	LN	2pm-9pm
M-F	6/27-7/1	Rehearsal	LN	2pm-9pm
T	***6/28	MANDATORY PARENT MEETING	LN	7:00pm***
Sa	7/2	Tag Day		10am-4pm
M	7/4	Lawrence July 4 th Parade	LC	10am-12pm
	7/5-7/24	VACATION!		
Su	7/24	Band Camp <u>Registration ONLY</u>	LC	6pm-8:30pm
*Once you are registered, you are dismissed.				
M-Sa	7/25-7/30	Band Camp	LC	7am-9:30pm
Sa	7/30	Parent Performance and Cookout	LC	6pm-8pm
M	8/1	Rehearsal	LC	3pm-9:30pm
T	8/2	Rehearsal	LC	7am-9:30pm
W	8/3	No Rehearsal		
Th	8/4	First Day of School/ Regular Season Rehearsal (see below)	LC	6:30pm-9:30pm

For the full season calendar, updates and to sign up for the MPLT List

Serve go to www.marchingpride.org

Weekly Rehearsal Schedule

<u>DAY</u>	<u>TIME</u>
Monday	4:30pm-6:30pm
Tuesday	4:30pm-6:30pm
Wednesday	OFF
Thursday	6:30pm-9:30pm
Friday (Non-game days)	4:30pm-7:30pm
(Game Days)	4:30pm-9:30pm

Home Football Games

<u>DATE</u>	<u>Location</u>	<u>Event</u>
9/2	@Lucas Oil	LN vs LC Game**
9/9	@LN	Homecoming
9/16	@LC	Homecoming
10/7	@LN	Senior Night
TBA	@LC	Senior Night

(** LN vs LC game will be 1pm-10:30pm)



**Marching Pride of Lawrence Township
Marching Band Performer Contract**

Student's Name:(PRINTED) _____ **Grad Yr.** _____

School – Fall of 2016 (please check one):

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> LC | <input type="checkbox"/> LN |
| <input type="checkbox"/> BMS | <input type="checkbox"/> FCV |

Being a member of the *Marching Pride of Lawrence Township* is an exciting opportunity as well as a privilege. The performance opportunities you will experience will be special and the benefits long term.

I. Attendance- Attendance at rehearsals and performances is mandatory. This is crucial to insuring that the ensemble is able to progress and achieve high performance levels. We understand that there may be an occasion, particularly in the summer when a student may need to miss a rehearsal or arrive late. However, we also must make decisions regarding who receives a permanent performance slot based on attendance and work ethic. In instances where students miss significant rehearsal time it may result in them sharing a performance slot in the show with another student. Please understand that once the school year begins students receive a grade in band based largely on attendance at rehearsals and performances. If a student misses a performance it will significantly impact their grade unless it is excused. If you must miss a rehearsal or performance please take a moment to review the entire marching band calendar and indicate any anticipated absences by writing them in the space provided:

II. Code of Conduct-We expect that students in the Marching Pride will conduct themselves in exemplary fashion at all times. This includes showing up for all rehearsals on time and working hard during rehearsal. It also includes maintaining a clean school disciplinary record (no referrals), maintaining an average to above average academic record, and treating our fellow members with dignity and respect. In addition, we expect that students will react positively to staff instruction, and show respect for school facilities and property. A student having trouble in any of these areas may have their performance eligibility revoked at any time.

III. Performance Readiness-Marching band is about working together to achieve a high level of excellence. We work as a team at all times. Therefore it is important that each and every student give their best at every rehearsal. This means preparing music, movement/choreography, equipment work (color guard) and working hard during rehearsals.

IV. Physical Shape-You receive a PE Waiver credit for one semester. That being said, it is important that all members take care of their bodies and be physically fit. We will do some exercising and running/conditioning to enable all performers to be at their best physical shape for a 10 minute performance. Every member should work to stay fit, eat right, and exercise.

V. Grades/Academic Standing-It is the expectation of the staff that all student performers will be good students and maintain their grades at a satisfactory level (C average). Marching band is not an excuse for poor grades!

VI. Performances/Contests-All members are expected to attend all performances.

VII. What You Can Expect from the Staff-The marching band staff will always commit to giving students the best quality instruction and product possible. Every effort is made to design a highly competitive program that will be recognized if it is performed and achieved. Countless hours of work and passion go into designing shows that students will enjoy performing.

-Continued Next Side Over-

VIII. Financial Obligations-I understand that my parents and/or guardian and I will be held responsible for all financial obligations outlined in the marching band/color guard handbook. I also understand that I can participate in fundraising activities designed to assist me with these expenses/fees.

My signature below affirms my commitment to being a valuable member of the "Marching Pride of Lawrence Township." Furthermore I understand and agree to the items outlined in this performance contract.

Print Name

Student Signature

Date

Parent Signature

Date

Student's adult t-shirt size (circle one): S M L XL XXL XXXL

PERFORMING ARTS MEDICAL CONSENT AND AUTHORIZATION FORMS : May 2016 – May 2017

Last Name: _____ **First Name:** _____ **MI:** _____ **Male/Female:** _____ **Grad Yr:** _____
School – Fall of 2016 (please check one): LN _____ LC _____ FCV _____ BMS _____

This document contains (1) a consent for Community Health Network, Inc. (Community) (or the nearest emergency medical facility), to initiate and provide medical treatment to your student in the event of an injury or illness; (2) an Emergency Medical and Contact Information form; and (3) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and **sign all sections/forms separately**. If the student is 18 years old or older, he or she must sign for him/herself. **Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in your student being unable to participate in the marching band program.**

CONSENT FOR TREATMENT

I consent to Community (or the nearest emergency facility) initiating any medical or first aid treatment for _____ (name of student) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

<i>Signature of Parent/Guardian:</i> _____	<i>Printed:</i> _____
<i>Relationship to student:</i> _____	<i>Date:</i> _____

Student Information:

Date of Birth: _____ Medical Insurance Company: _____ Policy #: _____ Group #: _____
 Physician Name: _____ Physician Phone #: _____
 Preferred Hospital (if any): _____
 Allergies: _____
 Current Medications: Name of Medication Dose Frequency Taken

Does the Student have any of the following conditions (indicate yes or no): asthma _____; low blood sugar _____; diabetes _____; fainting spells _____; seizures _____; sickle cell anemia _____; others _____

Last Tetanus vaccination: Within 5 years?: Y/N Within 10 years?: Y/N
 May a representative of the school administer the following analgesic and/or bee sting medications to your student?
 (Please indicate yes or no): Aspirin _____; Acetaminophen (Tylenol or generic) _____;
 Ibuprofen (Advil, Nuprin, Motrin or generic) _____; Diphenhydramine HCl(Benadryl or generic for bee or other sting) _____

Parent/Legal Guardian Information:

Parent/Legal Guardian #1: Name: _____ Relationship to Student: _____
 Street Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Work: _____ Cell: _____
 Email Address: _____
Parent/Legal Guardian #2: Name: _____ Relationship to Student: _____
 Street Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Work: _____ Cell: _____
 Email Address: _____

Emergency Contacts if Parent/Legal Guardian Cannot Be Reached:

Name	Phone #(s)	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____

STUDENT/PARENT CERTIFICATE AND CONSENT

To be read and signed by parent/guardian and student

Students may NOT participate in Performing Arts programs until this form is on file in the Performing Arts Office

1. In accordance with the rules of the Performing Arts Department and MSD Lawrence Township, I hereby give consent for the named student to participate in Marching Band, Winter Percussion, or Winter Color Guard.
2. I acknowledge that the participation is assuming certain responsibilities and financial obligations and that all financial obligations for a given co-curricular and non-athletic extra-curricular activities must be met.
3. I acknowledge that the participant is assuming a certain risk of being injured and that even with the best instruction, use of protective equipment and strict observation of rules, injuries are still a possibility in organized Performing Arts activities. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.
4. I authorize responsible school personnel or their agents to oversee or provide emergency medical care to the student in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.
5. I authorize the school to investigate and obtain information from police agencies, the probation department or any other source regarding events leading up to any arrest or filing of charges for an act which would be in violation of any of the performing arts rules published as part of the student handbook.
6. I have been provided with a copy of the rules and regulations regarding performing arts participation or received copies of those rules and regulations in the student handbook. I understand the rules and regulations and will comply with them as stated. I understand that the rules and regulations will be in effect for all performing arts students as long as they are a student at [Lawrence Central/Lawrence North/Belzer/Fall Creek Valley] and that the rules and regulations may be updated from time to time.
7. I understand that MSD Lawrence Township Schools has in place a "reasonable suspicion" drug testing policy and that school personnel may order a drug test on the student if reasonable suspicion exists.
8. I authorize Lawrence Central/Lawrence North/Belzer/Fall Creek Valley to post results/images containing my son's/daughter's name and statistics on the Lawrence Central/Lawrence North/Belzer/Fall Creek Valley websites.
9. Without compensation to me, I, the undersigned, do hereby irrevocably consent to the use, by MSD Lawrence Township, any photographs, video, or sound recording of my student as described above for advertising and publicity purposes and/or publication in any lawful manner, and hereby release MSD Lawrence Township from any and all liability of me for such use.

Student name (printed): _____

Signature of parent/guardian (if student less than 18): _____ Date: _____

Signature of student (if 18 years old or older): _____ Date: _____

STUDENT CERTIFICATE (to be signed by student regardless of age): I have read the rules and regulations of the Performing Arts Department and Lawrence Central/Lawrence North/Belzer/Fall Creek Valley Schools and believe that I am eligible to represent my school in Performing Arts. If accepted as a representative, I agree to abide by the rules and regulations of the Performing Arts Department and my school. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen activities(s).

Student Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year - IHSAA By-Law C 3-10)

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 6-14).

EXAMINATION		Male	Female
Height	Weight		
BP	Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin <ul style="list-style-type: none"> HSV lesions suggestive of MRSA, tinea corporis 			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 *Consider GU exam if in private setting. Having third party present is recommended.
 *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year - IHSAA By-Law C 3-10)

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician (MD or DO) _____ License # _____

MARCHING PRIDE OF LAWRENCE TOWNSHIP

2016-17 Information Verification Form

Student's Name: _____ Grad Yr: _____

Instrument: _____

School – Fall of 2016 (please check one):

- LC LN
 BMS FCV

In an effort to keep our records accurate and to ensure that you receive timely communications, please fill in the information below.

Parent or guardian name(s): _____

Mailing address: _____

Home phone: _____

Cell phone 1: _____ Number belongs to: _____

Cell phone 2: _____ Number belongs to: _____

Parent 1: Occupation: _____ Employer: _____

Parent 2: Occupation: _____ Employer: _____

All band account statements and newsletter communication will be sent via e-mail.

At least one e-mail address is essential for student account billing and communication.

Adult's email address (primary): _____

Adult's email address (secondary): _____

Marching Pride Volunteer Opportunities

It takes all of us working together to create a positive experience for our kids. Our greatest asset is **YOU!** Without the tireless dedication of parents and family members like you, the *Marching Pride of Lawrence Township* will not succeed.

- Meal Plan:** Prepare and serve meals before football games and on competition days. *Feed the masses!*
- Chaperones:** Bus roll-call, monitor behavior, prepare water coolers, distribute snacks. *Travel with band!*
- Crew/Props:** Build show props, load/unload equipment, assist moving instruments and props on and off the field. *You can't get any closer to the action than this!*
- Band Uniforms:** Measure, fit and alter uniforms, organize, distribute and check in uniforms after each performance. *Matching uniforms for over 200 kids? No problem!*
- Medical Staff:** Triage and treat, scrapes, sprains and other conditions, monitor student prescriptions at band camp and throughout the season. *Better safe than sorry!*
- Pride Fan Club:** Prepare posters, decorations, signs, treat bags, organize State party, BOA spirit week. *Be the life of the party!*
- Color Guard:** Costume washing, Prep crew (hair, make-up). *As if they weren't gorgeous enough already!*
- Band Camp -** Any of the following: Prepare and serve meals (3 served each day), organize water breaks, serve as medical staff, or organize activities. *What happens at band camp, stays at band camp!*

Please check the volunteer opportunities you might like to become a part of, or just want more information about. Filling out this form does not obligate you to a specific activity but please know your assistance is needed and will be greatly appreciated.

Please contact: Kim Earl at jkanearl@sbcglobal.net, or Wendy Manubay wmanubay@teipencpa.com or cilladog@prodigy.net with your questions.

Please Print All Lines!

Student Name(s): _____ Grad Yr(s): _____

School - Fall of 2016 (circle please): LC LN FCV BMS

Parent Name(s): _____

Home/Cell Number(s): _____

Email Address(es): _____
