

College of the Ozarks Music Festival April 19th, 2008

Dear Parent(s);

The Music Department will be traveling to the Ozark Mountain Music Festival on Saturday, April 19th, 2008. The Bands and Choirs will be performing at the festival. The festival will be taking place on the College of the Ozarks campus. A schedule of performance times will be sent home prior to the festival date.

After ALL groups have performed, we will be traveling to Silver Dollar City. Each student is responsible for purchasing an entrance ticket into the park. The ticket price for each student is **\$30.00. Make checks payable to: WCJH Activity Fund.** PLEASE fill out the form provided and return with payment no later than **April 9TH.** Every student **MUST** have the form on file in order to go on this trip. If you have a season pass, please mark the season pass blank. We **DO** need chaperones, however there is a limited number due to seating on the bus. If you would like to go, please fill in the appropriate section on the form. This will be on a first come, first serve basis. This is a very enjoyable trip, we hope that you can join us! Sorry, but Chaperones will have to pay for a ticket this year. New policy at SDC.

You will receive an itinerary for the trip in approximately one week. It is **VITAL** that the form is returned **WITH PAYMENT by April 9th.** If you are having financial difficulties, and need assistance with the ticket price, please contact your director immediately. There are funds available to help with the cost. We want **EVERY** student to go on the trip, as long as they are academically eligible. This trip is a reward for all of their hard work during their time in our programs at the Junior High. They are truly a special group of kids!

If you have further questions, please contact one of the directors below during school hours at 673-6030. Thank you for your support of the Fine Arts!!!

Michael Oglesby
Director of Bands

Jim Devine
Director of Bands

Louis Morgan
Director of Bands

Branson Trip Form

April 9th DEADLINE!!!!

Name _____ Grade 7 8

Address _____

Parent(s) _____

Work Phone _____ Home Phone _____

Emergency Contact Person _____ Phone _____

Employer _____

Insurance Carrier _____

Insurance Number _____ Phone _____

In case of accident, do you need insurance permission BEFORE treatment? _____

Is student covered by insurance? YES NO

I give permission for my child to receive treatment from a medical professional while on the school trip. I am responsible for all costs incurred for treatment.

Parent/Guardian Signature _____

Date _____

(DO NOT TEAR OFF BOTTOM)
Entrance ticket to SDC: \$30.00 _____ @ \$30.00

Season Pass Ticket Holder _____ @ 0

Total # Tickets ordered: _____

TOTAL \$ _____

Make checks payable to: WCJH ACTIVITY FUND

Would you like to Chaperone? YES!!! NO NAME _____

PHONE _____

We will contact you if you marked that you wanted to be a chaperone!!!!