January 25, 2019

Dear Parents:

Your student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been chosen by the board of area band directors to participate in the 2019 Tri-County Honor Band Festival. The festival will take place on Thursday, February 28, 2019. The students will work with a guest conductor during band rehearsals from 9:00 to 5:00, and they will perform a concert beginning at 7:00 PM at Pawnee High School.

The bus will leave NMHS at 8:00 AM and will return to the band room after the concert is over. Students may be signed out at the concert. The concert is open to the public. It begins at 7:00 at Pawnee High School. Admission to the concert is free, but there will be a donation box to aid in the cost of Honor Band. The students MUST wear concert attire for the performance: black on bottom and white on top.

Students will be served both lunch and dinner. The cost of the meals per student is $16.00 Money should be turned in, along with the signed permission slip to Mrs. Braley NO LATER THAN Tuesday, February 26th.

If you have any questions about Honor Band please feel free to contact me at [abraley@northmacschools.org](mailto:abraley@northmacschools.org).

It is a great honor to be selected to participate in such an event. We are very proud of each and every student, and all of the work and practice that they have put into preparing for the festival.

Sincerely,

Mrs. Braley, Director

Tri-County Honor Band Permission Form

I agree to abide by the NMHS Handbook and conduct myself in a manner that will make my school proud of me.

Student’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

I give permission for my child to attend the Tri-County Honor Band Festival field trip on Thursday, February 28, 2019. I understand that all NMHS handbook rules apply and will be enforced.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In case of emergency: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph# ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_