

Date: Jan. 14, 2010

From: John Schroder
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To: Parents and Students of the Symphonic Band and Wind Ensemble

CC: Pat Lickiss, Ruth Steele, Hanalee Washburn

**Re: Southern California Band Tour
- General Information and Preliminary Itinerary**

The Southern California Band Tour will be coming up quickly in just 2 months, **March 25-28**. Below is some general information about the tour and a preliminary itinerary. A more detailed information letter and itinerary will be sent to you toward the end of February. **We need 1 more male parent chaperone**. Please contact me right away if you are able to accompany us.

Final Payment

Final payment for each student and chaperone is **due on Friday, Jan. 22rd**. This final payment is \$225 per person. Please send in a check made payable to Las Lomas High School or pay through the web store. If your student sold enough coffee and indicated he/she wants the credit applied to their SoCal tour balance, we will inform you of the net amount due by January 19th.

Forms

Attached are the following forms which must be completed and returned to me as soon as possible and no later than Friday, Feb. 19th:

- Waiver Liability and Behavior Contract
- Medical Form

Chaperones

We need 1 more male chaperone. Committed chaperones are as follows: Bill Washburn, Hanalee Washburn, Marie Lin, Evangeline Ong, Dale Perkins, Charmaine Berry, Janet Gee

Meals/Money to Bring

Students and chaperones need to bring enough money to cover 5 meals (4 lunches and 1 dinner). You may want to pack a lunch for the trip down on Thursday which would eliminate 1 lunch to buy (and avoid lines at the fast food restaurants). You may also want to bring extra money to purchase souvenirs.

Preliminary Itinerary as of 1/14/10

Thursday, March 25th

6:30 am Meet at Las Lomas front parking lot with luggage and instruments; check in and board buses
 7:30 am Buses depart
 11:30 am Lunch break
 3:00 pm Clinic at CSU Long Beach
 7:00 pm Arrive at hotel
 7:30 pm Dinner is a Pizza feed at the hotel (All you can eat)

Friday, March 26th

7:00 am Breakfast buffet in hotel
 8:30 am Clinic at Chapman University
 11:30 am Board bus for Music in the Parks Festival Performances.
 12:00 pm Lunch on own
 1:00 pm Disneyland for Festival Performances
 6:00 pm Dinner at Festival
 7:00 pm Board bus to Rain Beatles show

Saturday, March 27st

7:45 am Breakfast buffet in hotel
 8:30 am Depart for Disneyland
 12:30 pm Lunch on own
 1:30 pm Recording session at Disneyland
 6:00 pm Dinner on own
 11:00 pm Depart Disneyland

Sunday, March 28nd

7:30 am Breakfast buffet in hotel, check out
 8:45 am Depart hotel
 9:30 am Getty Museum of Art
 12:00 pm Lunch on own
 1:00 pm Depart for home
 7:00 pm Arrive at Las Lomas

Contact Information as of 1/14/10

<p><u>Hotel</u> Embassy Suites 900 E. Birch Street Brea, CA 92821 (714) 990-6000</p>	<p><u>Bus Company</u> American Stage Tours 1488 Soccer Court Concord, CA 94518 (925) 687-7705</p>	<p><u>CSU Long Beach</u> 1250 Bellflower Blvd Long Beach, CA 90840 (562) 985-4781</p>
<p><u>Chapman University</u> One University Drive Orange, CA 92866 (714) 997-6815</p>	<p><u>Disneyland</u> 1313 Harbor Blvd Anaheim, CA (714)781-4565</p>	

PRINT STUDENT NAME _____, _____
Last First

MEDICAL INFORMATION (To be filled out by parent for overnight field trips).

Student's Name (Print): _____ Birthdate _____

I, the undersigned, parent or legal guardian of the above named student, consent in advance to whatever medical treatment or procedures might be necessary for my son/daughter in case of injury or illness during the trip to **SOUTHERN CALIFORNIA**. Such treatment may include, but is not limited to, anesthesia, X-ray examination and medical or surgical diagnostic procedures, and shall be in the best judgment of the attending physician. I understand that every reasonable effort will be made to reach me in the case of serious illness or injury.

I understand the nature of the trip and recognize the problems and dangers inherent in said trip. I believe that the above named student is able to participate safely in the trip, with the following restrictions on activities, foods, etc.

List any restrictions here:

If any medications are to be taken by the student, please list them here:

Any special medical problems or instructions should be clearly explained at the bottom of this sheet and **SIGNED BY THE PARENT**. All medication, except those must be kept in the student's possession for emergency use, **MUST** be kept and distributed by the staff. All medication must be registered on this form.

Signature of Parent/Legal Guardian

Medical Insurance Coverage

Telephone Number

Policy Number

NAMES TO BE CALLED IN CASE OF AN EMERGENCY:

Emergency Name

Phone No.

Emergency Name

Phone No.

Family Doctor

Phone No.

MEDICAL PROBLEMS AND/OR INSTRUCTIONS (Please include here):

Signature of Parent/Legal Guardian

Date