



SECOND-ANNUAL STONEWALL BRIGADE MIDDLE SCHOOL BAND CAMP—Day Camp July 5-9 2010 9am-4pm  
Stonewall Brigade Band Music Building, 600 Thornrose Ave, Staunton VA

Located at the main entrance to Staunton's Gypsy Hill Park. See [www.stonewallbrigadeband.com](http://www.stonewallbrigadeband.com) for detour information.  
Joint Concert with Stonewall Brigade Band July 12, 8 pm in The Stonewall Brigade Bandstand in the park. This is the annual "Kids' Concert" aimed at interesting elementary children in music study.

Students who have completed one or two years of middle school band and will be enrolled in seventh or eighth grade band next fall are eligible to participate. The purpose of the camp is to reinforce and expand the techniques and musicianship developed in the school band program and help students maintain their level of performance during the Summer months when band is not offered in their school programs.

Tuition \$50 for the week. \$25 nonrefundable deposit with registration, balance at beginning of first day of camp. Lunch not included. (Pack your lunch/beverage.) \* Percussion equipment will be furnished. Students playing instruments other than percussion will use their own instruments or a school instrument available to them through their own school.

#### DIRECTORS AND FACULTY:

Bob Moody, director of The Stonewall Brigade Band for 34 years

Frank Sampson, assistant director of The Stonewall Brigade Band and Director of Bands at Elkton Middle School.

Members of the Stonewall Brigade Band

Local public school band directors, local college music instructors, and local private music teachers

#### DAILY SCHEDULE AND ACTIVITIES WILL INCLUDE:

Warm up and tuning

Concert music rehearsal

Master classes

Sectional Rehearsals and individual help

Concert will be held on Monday evening, July 12 from 8 to 9:15 pm in the Stonewall Brigade Bandstand in Staunton's Gypsy Hill Park. The camp band will play some selections, and then join with the Stonewall Brigade Band for others.

Registration form is available on our web site or on the back of this page.

Mail Registration and medical form to Stonewall Brigade Band, 600 Thornrose Ave., Staunton VA along with payment of \$25 deposit (nonrefundable). \$25 due at beginning of first day of camp.



2010 Middle School Band Day Camp, July 5-9 and Concert July 12  
Daily 9 am to 4 pm.  
Registration and Medical Form  
Registration Deadline June 12, 2010  
Checks payable to "Stonewall Brigade Band"  
Mail this form and Payment of \$25 deposit to:  
Stonewall Brigade Band  
600 Thornrose Ave.  
Staunton, VA 24401 email [bob@bobmoody.org](mailto:bob@bobmoody.org) that you sent it.

Student's Full Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Parent Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent Cell phone (\_\_\_\_) \_\_\_\_\_ Parent work phone (\_\_\_\_) \_\_\_\_\_

School attending fall 2009 \_\_\_\_\_ Grade \_\_\_\_\_

List honors bands attended 2009-10 school year and chair position earned:  
\_\_\_\_\_

Main band instrument \_\_\_\_\_ Other instruments you play \_\_\_\_\_

\_\_\_\_ I own my instrument \_\_\_\_ I play a school-owned instrument

If you took private instrument lessons this school year, give teacher's name: \_\_\_\_\_

=====

**MEDICAL INFORMATION:**

Medical Conditions/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

In the event of a medical situation and parent cannot be contacted, the following may act on parent's behalf:

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

=====

**CERTIFICATION:**

I hereby give permission for my child to attend the Stonewall Brigade Band Middle School Band Camp as a day student, and to receive emergency medical attention at a medical treatment facility, if needed during the camp. I will arrange transportation and pick up my child promptly at 4pm daily, as camp staff cannot leave until all students are picked up. If considered necessary by adult chaperones, my child \_\_\_\_ may \_\_\_\_ may not be given appropriate over-the-counter medications such as pain relievers, antihistamines, decongestants, upset stomach relief, etc. My child should NOT receive the following medications:  
\_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

=====

**TEACHER CERTIFICATION OF ELIGIBILITY**

I certify that this student has participated in school band instruction or private instrumental study during the 2009-10 school year. This student \_\_\_\_ does \_\_\_\_ does not use a school-owned instrument. This student \_\_\_\_ may \_\_\_\_ may not use a school owned instrument for this camp if needed.

School Band Director' or Private Teacher's signature: \_\_\_\_\_