



THIRD-ANNUAL STONEWALL BRIGADE BAND SIGHT READING CLINIC—Day sessions July 5-8 2011 9am-4pm
Stonewall Brigade Band Music Building, 600 Churchville Ave, Staunton VA AIR CONDITIONED!
Located at the main entrance to Staunton's Gypsy Hill Park— intersection of Churchville Ave and Thornrose Ave.
Emphasis will be on a clearer understanding of rhythm reading and time counting.

Adult members of The Stonewall Brigade Band and Students (brigade band members or not) who have completed two years of instrumental study may enroll. The class will be limited to thirty participants.

Tuition \$50 for the week plus \$15 for the workbook. \$25 nonrefundable deposit with registration, balance at beginning of first session. Lunch not included. (Pack your lunch/beverage.) You will need a band or orchestra instrument or keyboard instrument capable of starting, stopping, and sustaining a tone. (Percussionists should use a practice pad.)

FACULTY:

Bob Moody, director of The Stonewall Brigade Band for 35 years has taught this method since 1975.

DAILY SCHEDULE AND ACTIVITIES WILL INCLUDE:

Writing in the workbook, counting time, and playing graded exercises will help you develop a system of rhythm sight-reading that will enable you to play more musically and sight read accurately. This system takes you from whole notes through dotted sixteenth and 32nd notes in all rhythmic combinations including triplets and compound time. The approach is a visual/graphical/mathematical/logical way of understanding note lengths and rhythmic patterns. It was developed by Mr. Pat Garnett, band director at the University of South Carolina, about 50 years ago, and is still in regular use in the southeastern states. By internalizing and mastering sight reading of rhythms, your attention is free to concentrate on other aspects of your playing, thereby improving your overall sight reading and musicianship.

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

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



2011 Sight Reading Clinic, July 5-8

Daily 9 am to 4 pm. Pack lunch. Pick up student promptly at 4 pm

Registration and Medical Form

Registration Deadline June 10, 2011

Checks payable to "Stonewall Brigade Band"

Mail this form and Payment of \$25 deposit to:

Hannah Bush
2120 Churchville Ave.
Staunton, VA 24401

Participant's Full Name _____ Nickname (if any) _____

Parent Name if under 18 years of age _____ Mailing Address _____ City, State, Zip _____

Home Phone (____) _____ Parent Cell phone (____) _____ work phone (____) _____

School attending fall 2009 if applicable _____ Grade _____

_____ Check if Stonewall Brigade Band Member

Main band instrument _____ Other instruments you play _____

_____ I own my instrument _____ I play a school-owned or brigade band-owned instrument

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

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MEDICAL INFORMATION for those under age 18: (adults may list any information you feel we need to know.)

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 _____

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CERTIFICATION for those under 18:

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 _____

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TEACHER CERTIFICATION OF ELIGIBILITY for those enrolled in public or private school or studying with a private teacher.

I certify that this student has participated in school band/orchestra instruction or private instrumental study during the 2010-11 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: _____