

WESTON PUBLIC SCHOOLS

WESTON, MASSACHUSETTS 02493 • TEL 781-529-8030
FAX 781-529-8043

CHRISTOPHER MEMOLI
DIRECTOR OF MUSIC

M.S. Music Department Field Trip

February 8, 2010

Dear Parents,

This year the members of the Weston Middle School Band, Chorus and Orchestra will again participate in a Music Festival hosted by Trills & Thrills at Six Flags New England. The date of the Festival is Friday, June 11, 2010. We will depart approximately 7:30 a.m. and return at approximately 9:00 p.m.

In this letter we have addressed some of the most important details you should be aware of at this time. Members of the Music Department who are in good standing (grades and discipline) are invited to participate on the trip. On this trip, students will be performing at West Springfield High School (MA) where groups will be adjudicated by two judges and then participate in a clinic. Students will spend the afternoon and early evening at Six Flags New England. The trip is both educational and fun for everyone involved. The cost of the trip will be \$90.00. This includes: transportation via charter buses, adjudication/clinic, entrance to Six Flags New England and a T-shirt.

In order to plan for the number of buses and chaperones it is imperative for us to get an accurate count of students who are planning to participate. Once we commit to a number in our traveling group, the school gets no refund. Please return the attached commitment form with a "yes" or "no" response, the Emergency Medical Treatment Form and a \$90.00 trip fee if the answer is "yes," no later than Friday, February 26, 2010. Please make checks payable to *Town of Weston* (no cash please). All trip payments must be received on or before the deadline. Failure to meet the trip payment deadline may result in a student not being able to attend the trip. If you have any questions concerning the trip, please contact Mr. Memoli at memolic@mail.weston.org or 781-529-8030 ext. 7525. All trip payments are non-refundable.

This has been an exciting year for the Band, Chorus and Orchestra students. We look forward to a fun and rewarding trip to Music in the Parks - Six Flags New England.

Sincerely,

Christopher Memoli
Director of Music

Deanna Leedy
Orchestra/Chorus Director

Colleen MacDonald
Orchestra/Band Director

Thérèse Provenzano
Chorus Director

Lisa Nardone
Band Director

Patrick Dandrea
Band Director

WESTON M.S. MUSIC DEPARTMENT

Trip Commitment Form

Music in the Parks - Six Flags New England

Friday, June 11, 2010

Student's Name

Grade

Please Circle Student's Group (s) Band Orchestra Chorus

Please Circle T-Shirt Size (adult sizes)

XS S M L XL

I have read the attached letter and give permission for my child to attend this trip. I accept responsibility for the cost of this trip and understand that all trip payments are non-refundable.

Parent Signature

Date

-OR-

I do not give permission for my child to attend this trip.

Parent Signature

Date

I am interested in chaperoning this trip. Yes _____ No _____
(you will be contacted by a parent volunteer if needed as a chaperone)

Parent Name

Email Address

Phone Number

EMERGENCY MEDICAL TREATMENT FORM

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent or a designated emergency contact.

Student's Name _____ Birth Date _____ Grade _____

Address _____ Home Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Student resides with: Mother Father Both

Emergency Contact and phone number if the parent cannot be reached:

Name _____ Phone _____

Past illnesses _____

Date of Last Tetanus _____

Allergies (foods, medicines, asthma, insect, etc.) _____

Routine Medications and dosages _____

Other Important Medical History Information _____

Current Health Concerns _____

Insurance Company _____ Phone Number _____

Policy/Group/Employee Number _____

Physician (Name, Phone, Address) _____

I hereby give permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

Parent Signature

Date