



DISTRICT 140 BANDS
TINLEY PARK, IL

Mr. Szczasny
(708) 342-9286

April 2, 2024

KSD 140 SYMPHONIC BAND
IGSMA STATE FESTIVAL INFORMATION

DATE: SATURDAY, APRIL 27th, 2024

LOCATION: Hinsdale Central High School
5500 S. Grant St., Hinsdale IL

CALL TIME: 6:00 A.M. (In Uniform at Prairie View)

PERFORMANCE TIME: 8:20 A.M.

Dear Parents and Students,

The Illinois Grade School Music Association State Contest is rapidly approaching. We are very proud that we have been selected to perform at this special event. To ensure that the day is a success, we will need parent volunteers. We need people in the morning at Prairie View to assist in putting on bow ties and cummerbunds. We will also need a few parents to ride the buses to and from Hinsdale Central H.S. to chaperone. If you are willing to help, please email Mr. Szczasny at mszczasny@ksd140.org or call 342-9286 as soon as possible with the area you would like to assist. Your help is greatly needed and appreciated!

PLEASE SIGN AND RETURN THE ATTACHED PERMISSION SLIP NO LATER THAN FRIDAY, APRIL 12th.

Please make plans to attend this special event. It is always more fun to play to a packed house and it is especially reassuring to see friendly faces in the audience so please invite your family and friends and enjoy a music filled morning. There is a nominal admission fee of \$2 (cash only). We look forward to seeing you there!

Musically yours,

Mr. Szczasny



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SYMPHONIC BAND
IGSMA STATE BAND CONTEST
SCHEDULE FOR SATURDAY, APRIL 27th

6:00 a.m.	Arrive to Prairie View dressed in full uniform. All band members sit in their seats to go over final details
6:45	Depart for Hinsdale Central H.S.
7:30	Arrive at Hinsdale Central H.S. and proceed quickly to homeroom.
7:55	Warm-up and Tune-up in Warm-up Room.
8:20	SYMPHONIC BAND PERFORMANCE
8:45	Clinic
9:15	Go Back to Homeroom, put away bowties and cummerbunds and proceed back to concessions area to wait for scores.
9:45	Symphonic Band departs from Hinsdale Central H.S.
10:45	Arrive at Prairie View. Please be on time to pick up your child.

Admission is \$2 (cash only).

Please detach and return before Friday, April 12th if you will be taking your child home from Hinsdale Central H.S.

I will drive my son/daughter home from Hinsdale Central High School on Saturday, April 27th. I also understand that I need to sign out my student and turn in his/her bow tie & cummerbund with a designated chaperone after the contest performance.

Student Name (Please Print)

Parent Signature

**PLEASE SIGN &
RETURN BY FRIDAY,
APRIL 12th**

FIELD TRIP PERMISSION FORM

Dear Parent or Legal Guardian:

Field trips of educational value are planned by our staff during the school year as a supplement to the regular classroom program. We are planning a field trip, described below, which we feel will be beneficial to your child. Please indicate whether or not your child has your permission to participate. Please complete the lower portion of this form and return the form to the school.

A school nurse may not be available to give personal nursing attention to students when off-campus on field trips. I understand that any medication specified by physician's order may be administered to my child by a designated adult in accordance with the instructions of the physician.

DESCRIPTION OF FIELD TRIP

Destination: I.G.S.M.A. State Band Contest at Hinsdale Central High School

Date: Saturday, April 27, 2024 Pupil's Cost: \$5 - \$10 for food & souvenirs

Time of Departure: 6:00 a.m. Students arrive at Prairie View Approximate Time of Return: 10:45 a.m.

Means of Transportation School Bus

Pupils will be accompanied by: Mr. Szczasny & Chaperones

SIGNATURE OF TEACHER

SCHOOL

(Detach Here)

PARENT'S OR GUARDIAN'S PERMISSION

I do do not give my permission for _____
to participate in the field trip described below: (NAME OF CHILD)

Destination: I.G.S.M.A State Contest @ Hinsdale Central H.S. Date of Field Trip: Saturday, April 27, 2024

Teacher(s) Request Chaperone:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, would you be able to chaperone?
<input type="checkbox"/> Yes * <input type="checkbox"/> No
*If you checked "Yes", the teacher will contact you <u>only</u> if needed.

Signature of Parent

Address

Home Telephone Number

Telephone # (Where parent can be reached on day of the trip)

My child will require medication during the period of this trip. Yes No

If yes, it is understood that the teacher will either administer medication or make arrangements to administer medication, as needed.

NOTE: Under no circumstances will a child be permitted to participate in a field trip unless a signed sheet is on file in the Building Principal's office prior to the field trip.