

**ALL FORMS TO BE SIGNED ARE DUE WEDNESDAY, JULY 14, 2010 BY 9:30 AM!!!**



## **BAND CAMP PACKET 2010**

**All forms contained in this packet need to be signed and NOTARIZED by Wednesday, July 14, 2010 by 9:30 AM to Mr. Wiebers and the Berkmar Band Boosters.**

**ALL FORMS MUST BE TURNED IN ALONG WITH PAYMENT IN FULL TO ATTEND CAMP no later than the pre-camp rehearsal on Wednesday, July 14, 2010 by 9:30 AM**

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## **What you need to bring to Band Camp 2010**

Most have found that an extra set of clothes to change into later each day has been helpful.

- T-shirts for 5-6 days
- Shorts for 5-6 days
- Socks TWO pair a day
- Tennis shoes for the field
- Nice outfit for the dance Thursday night. – not serious, but better than shorts & t-shirts
- Shower Shoes
- Bathing Suit
- Bathroom personal items
- Bed sheets and Pillow for Twin Bed
- Towel
- Sunscreen**
- Sunglasses
- Hat – if desired
- Bug Spray – for field use if desired
- Sport accessories such as a football, volley ball, tennis rackets and balls, basket ball, baseball and glove, etc.
- Box Fan for room
- Your instrument
- Woodwinds need at least 3 good working reeds each along with all proper accessories
- Brass need oils and mouthpieces – any other accessories you may use as well.
- ALL your music
- Music flip folder
- Music liar to hold your flip folder on your instrument
- Pencil
- Alarm Clock
- Money for Snack Machines
- Cell phone/iPod Chargers
- No exposure of any parts of your body that should be covered will be allowed according to school rules and proper dress code. This is a school function and school rules apply at all times. – No spaghetti strap shirts or tops
- Your assigned snack or drink items for all assigned by LAST name:
  - A-D 10 lbs of Oranges
  - E-H 10 lbs of Apples
  - I-R 2 - Large 10 Gallon Gatorade Powder Mix – Fruit Punch, Orange, or Lemon Lime
  - S-Z 1 Large Watermelon or 2 Pineapples

### **Electronics:**

Devices such as cell phones, iPods, game consoles, laptops, portable game devices, portable CD, MP3, Tape, DVD, and other such media playing devices are all prohibited during rehearsal and group functions at camp. These items are allowed to students only on break, but should be left at home as they will NOT be the responsibility of Western Carolina University, Berkmar High School, Band Boosters, or Mr. Wiebers and staff members to watch and care for such items. ALL cell phones will be checked into a chaperone upon arriving to camp. Students may ask to make phone calls while on break to parents and family when required. Please remember cell phone chargers if needed.

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**“....ALL FOR ONE!!”**

**2010 Berkmar Marching Patriot Corp  
BAND CAMP SCHEDULE  
Western Carolina University  
Sunday, July 18, 2010 through Friday, July 23, 2010**

**DESCRIPTION:**

**LOCATION:**

**Sunday, July 18, 2010**

11:30 AM	Band Officer Captains and 2 Chaperones arrive at WCU Dorms to set up.	
11:30 AM	ALL BHS Band members, Staff, and Chaperones arrive at BHS to load the bus for departing to Western Carolina University.	
12:00 PM	<b>Bus departs BHS for WCU</b>	
2:45 PM	Band arrives at WCU.	
3:00 PM	Check-in Procedure and report to rooms	Edyth Walker Residence Hall
4:00 PM	Sectional warm-ups and camp introductions	Edyth Walker Residence Hall
5:45 PM	Dinner	Edyth Walker Residence Hall
6:30 PM	1 <sup>st</sup> Outside Drill Rehearsal and Assignments	Field
9:15 PM	Conclude Practice	
9:30 PM	Night Time Event – Scavenger Hunt	TBA
10:45 PM	Room Check	Edyth Walker Residence Hall
11:00 PM	Lights Out!	

**Monday, July 19, 2010**

6:45 AM	Wake-up Call	
7:30 AM	Morning Stretch and FUNdamentals	Field
8:15 AM	Breakfast and Potty Break	Edyth Walker Residence Hall
8:45 AM	Morning Rehearsal and Drill	Field
11:50 AM	Line-up for march to lunch	Field
12:00 PM	Lunch	Cafeteria
12:45 PM	Restrooms and Break	
1:00 PM	FULL Band Rehearsal	Band Room/TBA
	Guard with Karen	Back of Dorms/Field
	Battery and Pit with Chad	TBA
3:00 PM	Sectional Rehearsals	Edyth Walker Residence Hall
4:10 PM	BREAK and FREE TIME	Edyth Walker Residence Hall
5:15 PM	Report to dinner line-up	Cafeteria
5:30 PM	Dinner	Cafeteria
6:15 PM	Restrooms and Break	
6:30 PM	Night Stretch	Field
6:45 PM	Night Rehearsal	Field
9:15 PM	Conclude Rehearsal	
9:30 PM	Night Time Event – Movie Night	TBA
11:00 PM	Room Check/Lights Out!	Edyth Walker Residence Hall

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**DESCRIPTION:**

**LOCATION:**

**Tuesday, July 20, 2010**

6:45 AM	Wake-up Call	
7:30 AM	Morning Stretch and FUNdamentals	Field
8:15 AM	Breakfast and Potty Break	Edyth Walker Residence Hall
8:45 AM	Morning Rehearsal and Drill	Field
11:50 AM	Line-up for march to lunch	Field
12:00 PM	Lunch	Cafeteria
12:45 PM	Restrooms and Break	
1:00 PM	FULL Band Rehearsal	Band Room/TBA
	Guard with Karen	Back of Dorms/Field
	Battery and Pit with Chad	TBA
3:00 PM	Sectional Rehearsals	Edyth Walker Residence Hall
4:10 PM	BREAK and FREE TIME	Edyth Walker Residence Hall
5:15 PM	Report to dinner line-up	Cafeteria
5:30 PM	Dinner	Cafeteria
6:15 PM	Restrooms and Break	
6:30 PM	Night Stretch	Field
6:45 PM	Night Rehearsal	Field
9:15 PM	Conclude Rehearsal	
9:30 PM	Night Time Event – Talent Show	TBA
11:00 PM	Room Check/Lights Out!	Edyth Walker Residence Hall

**Wednesday, July 21, 2010**

6:45 AM	Wake-up Call	
7:30 AM	Morning Stretch and FUNdamentals	Field
8:15 AM	Breakfast and Potty Break	Edyth Walker Residence Hall
8:45 AM	Morning Rehearsal and Drill	Field
11:50 AM	Line-up for march to lunch	Field
12:00 PM	Lunch	Cafeteria
12:45 PM	Restrooms and Break	
1:00 PM	FULL Band Rehearsal	Band Room/TBA
	Guard with Karen	Back of Dorms/Field
	Battery and Pit with Chad	TBA
3:00 PM	Sectional Rehearsals	Edyth Walker Residence Hall
4:10 PM	BREAK and FREE TIME	Edyth Walker Residence Hall
5:15 PM	Report to dinner line-up	Cafeteria
5:30 PM	Dinner	Cafeteria
6:15 PM	Restrooms and Break	
6:30 PM	Night Stretch	Field
6:45 PM	Night Rehearsal	Field
9:15 PM	Conclude Rehearsal	
9:30 PM	Night Time Event – Olympic Games	TBA
11:00 PM	Room Check/Lights Out!	Edyth Walker Residence Hall

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**DESCRIPTION:**

**LOCATION:**

**Thursday, July 22, 2010**

6:45 AM	Wake-up Call	
7:30 AM	Morning Stretch and FUNdamentals	Field
8:15 AM	Breakfast and Potty Break	Edyth Walker Residence Hall
8:45 AM	Morning Rehearsal and Drill	Field
11:50 AM	Line-up for march to lunch	Field
12:00 PM	Lunch	Cafeteria
12:45 PM	Restrooms and Break	
1:00 PM	FULL Band Rehearsal	Band Room/TBA
	Guard with Karen	Back of Dorms/Field
	Battery and Pit with Chad	TBA
3:00 PM	Sectional Rehearsals	Edyth Walker Residence Hall
4:10 PM	BREAK and FREE TIME	Edyth Walker Residence Hall
5:15 PM	Report to dinner line-up	Cafeteria
5:30 PM	Dinner	Cafeteria
6:15 PM	Restrooms and Break	
6:30 PM	Night Stretch	Field
6:45 PM	Night Rehearsal	Field
9:15 PM	Conclude Rehearsal	
9:30 PM	Night Time Event – Band Dance	TBA
11:00 PM	Room Check/Lights Out!	Edyth Walker Residence Hall

**Friday, July 25, 2008**

6:45 AM	Wake-up Call	
7:30 AM	Morning Stretch and FUNdamentals	Field
8:15 AM	Breakfast and Potty Break	Edyth Walker Residence Hall
8:45 AM	Morning Rehearsal and Drill	Field
11:50 AM	Line-up for march to lunch	Field
12:00 PM	Lunch	Cafeteria
12:45 PM	Restrooms and Break	
1:00 PM	Afternoon Drill Rehearsal and FULL RUN	Field
2:30 PM	Dismissed to Dorms to pack & clean for check-out	Edyth Walker Residence Hall
3:00 PM	Check-out procedures begin with chaperones	Edyth Walker Residence Hall
3:45 PM	ALL students load bus for BHS	Edyth Walker Residence Hall
<b>4:00 PM</b>	<b>Bus Departs WCU for BHS – Snack provided on bus</b>	
<b>6:45 PM</b>	<b>Return to BHS and unload all equipment into band room</b>	
<b>7:15 PM</b>	<b>All students dismissed from camp!</b>	<b>BHS</b>

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# ***2010Band Officers***

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<b>DRUM MAJOR</b>	<b>MARQUAIL JONES</b>
<b>BAND CAPTAIN &amp; SAX SECTION LEADER</b>	<b>SEBASTIN GARCIA</b>
<b>ASSISTANT BAND CAPTAIN &amp; BRASS CAPTAIN</b>	<b>ALEX REYNOLDS</b>
<b>WOODWIND CAPTAIN</b>	<b>VIVIANA YANEZ</b>
<b>PERCUSSION CAPTAIN</b>	<b>KEVIN FREELY-CLAY</b>
<b>AUXILIARY CAPTAIN</b>	<b>DEIDRE FRAZIER</b>
<b>COLORGUARD CAPTAIN</b>	<b>SAMANTHA MEINERT</b>
<b>COLORGUARD CAPTAIN</b>	<b>DEBORAH EASLEY</b>
<b>FLUTE SECTION LEADER</b>	<b>TE'ARRA WILSON</b>
<b>CLARINET SECTION LEADER</b>	<b>KAYLA CONN</b>
<b>HIGH BRASS SECTION LEADER</b>	<b>NATHAN FETSKO</b>
<b>LOW BRASS SECTION LEADER</b>	<b>CAMERON LOEW</b>
<b>PERCUSSION EQUIPMENT MANAGER</b>	<b>ANTHONY DOWNER</b>
<b>BAND EQUIPMENT MANAGER</b>	<b>KAYODE AKINGBADE</b>
<b>HEAD LIBRARIAN</b>	<b>BRIANNA NORWOOD</b>
<b>LIBRARIAN</b>	<b>KIMMY PURNELL</b>

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# SWIMMING POOL/POOL AREA WAVIER

We, the undersigned, assume that there are risks involved in using the swimming pool and pool areas at Western Carolina University and hereby absolve Western Carolina University and the Berkmar High School Band Boosters and Staff from any liability pertaining to or associated with the use of the swimming pool or pool areas on campus

Organization : Berkmar High School Patriot Corps

Dates: Sunday, July 18, 2010 through Friday, July 23, 2010

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Parent Signature \_\_\_\_\_

Witness/Notary Name: \_\_\_\_\_  
(please print)

Witness/Notary Signature: \_\_\_\_\_

Notary Stamp or Seal Area:



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**BERKMAR HIGH SCHOOL PATRIOT BAND  
FIELD TRIP PERMISSION - MEDICAL FORM**

Student's Name \_\_\_\_\_ BAND CAMP  
Activity \_\_\_\_\_  
Place Western Carolina University Date July 18-23, 2010

Parents/Guardians \_\_\_\_\_  
Home # \_\_\_\_\_ Mother's WK# \_\_\_\_\_ Father's WK # \_\_\_\_\_

Nicholas Wiebers, Band Director \_\_\_\_\_ Charter Bus \_\_\_\_\_  
Teacher in Charge \_\_\_\_\_ Type of Transportation \_\_\_\_\_

Does your child have any physical limitations, allergies, or health problems?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify \_\_\_\_\_

Is student under medical care? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify \_\_\_\_\_

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

Is student on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specify \_\_\_\_\_

Is student allergic to: Medication \_\_\_\_\_ Insect Stings \_\_\_\_\_ Other \_\_\_\_\_

Does your child have permission to take aspirin, tylenol, or advil for headaches?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain: \_\_\_\_\_

Do you hereby grant permission for an appointed chaperone to administer any medication if needed: Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain: \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

I agree to assume responsibility for any unforeseen accident that might occur to my son/daughter during travel or participation in this activity. I also authorize any emergency medical treatment or First Aid, administered by a certified person, if it becomes necessary. I further recognize that my child is representing our school at all times when away from school for this activity, and he/she is instructed to comply with regulations of the school and of the teachers, sponsors, or chaperones who are in charge of the activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**BERKMAR HIGH SCHOOL PATRIOT BAND  
FIELD TRIP PERMISSION**

_____ Student's Name	<u>BAND CAMP</u> Activity		
<table border="1"><tr><td>Western Carolina University</td></tr></table> Place	Western Carolina University	<table border="1"><tr><td>July 18-23, 2010</td></tr></table> Date	July 18-23, 2010
Western Carolina University			
July 18-23, 2010			

\_\_\_\_\_  
Parents/Guardians

_____ Home #	_____ Mother's WK#	_____ Father's WK #
<u>Nicholas Wiebers, Band Director BHS</u> Teacher in Charge	<u>Charter Bus</u> Type of Transportation	

I agree to assume responsibility for any unforeseen accident that might occur to my son/daughter during travel or participation in this activity. I also authorize any emergency medical treatment or First Aid, administered by a certified person, if it becomes necessary. I further recognize that my child is representing our school at all times when away from school for this activity, and he/she is instructed to comply with regulations of the school and of the teachers, sponsors, or chaperones who are in charge of the activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**BERKMAR HIGH SCHOOL BAND  
405 PLEASANT HILL ROAD, LILBURN, GA 30047**

**CONSENT FOR MEDICAL TREATMENT**

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PHONE # H: \_\_\_\_\_ W: \_\_\_\_\_

MOBILE: \_\_\_\_\_

PLEASE LIST 2 EMERGENCY CONTACTS (Other than parents)

NAME	RELATIONSHIP	HOME PHONE#	MOBILE PHONE #
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1) _____			
----------	--	--	--

2) _____			
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**MEDICAL INFORMATION**

All information is confidential and will be seen only by the Band Director and chaperones who are responsible for medical care.

ALLERGIES (Medical and Environmental) \_\_\_\_\_

CURRENT MEDICAL CONDITIONS \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

IMPORTANT MEDICAL HISTORY INFORMATION \_\_\_\_\_

DATE OF LAST TETANUS \_\_\_\_\_

LIST OF OVER THE COUNTER MEDICATION ACCEPTABLE TO ADMINISTER TO YOUR  
STUDENT \_\_\_\_\_

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**INSURANCE INFORMATION (Please attach a copy of the front and back of your insurance card)**

CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_  
STUDENT SS# \_\_\_\_\_ GP PLAN # \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ PH # \_\_\_\_\_  
INS CARRIER PH # \_\_\_\_\_

**IF NO INSURANCE, PLEASE COMPLETE THE FOLLOWING:**

For and in consideration of emergency services and goods rendered by or through the attending physician(s) the undersigned guarantees payment in full, immediately upon receipt of final billing.

SIGNATURE OF PARENT/ LEGAL GUARDIAN \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**RELEASE (ALL MUST COMPLETE)**

I, the undersigned, being the parent or legal guardian of

STUDENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Hereby grant authorization to the Band Director, chaperones of Berkmar High School Band Booster Association, standing in loco parentis, to obtain emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room on behalf of the above named minor. I also give permission to administer over the counter medication if necessary.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NOTARY: \_\_\_\_\_

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**CONSENT, RELEASE AND WAIVER OF LIABILITY FORM**  
**PLEASE READ COMPETELY AND CAREFULLY BEFORE SIGNING**

I grant permission for my child or children (Please Print Clearly) \_\_\_\_\_ to participate in the Berkmar High School Summer Marching Band Camp (Band Camp) at the Western Carolina University in North Carolina and other band activities, performances, programs, practices and contests throughout the school year.

I understand that it is my responsibility to provide transportation of my child(ren) to and from Berkmar High School in a timely manner. I understand that in order to participate in Band Camp and other Berkmar High School Band programs, activities, practices and contests, my child(ren) must abide by the rules and codes of conduct established by Berkmar High School, Berkmar High School Band Boosters (Band Boosters), Western Carolina University, the Band Camp staff and Band Booster chaperones. I understand that my child may be dismissed from Band Camp and/or the Berkmar High School Band programs for violation of these rules and codes of conduct including, but not limited to, verbal and physical aggression against students, staff, chaperones or other persons, failure to follow safety or program instructions, possession of weapons, illegal drugs or alcohol, and any other disruptive behavior. I understand and agree that my child's dismissal will be at the discretion of the Band Director and no refunds will be given.

I understand that participation in Band Camp and other Band related programs, performances activities, practices and contests involves marching and other physical, recreational or sports activities. I grant permission for my child(ren) to be involved in these activities and give permission for my child to be transported by school bus, charter bus or private vehicle as necessary with proper permission forms signed prior to the event(s).

If any illness, injury or accident occurs which, in the sole judgment of the Band Camp staff, band chaperones or Band Director, requires immediate medical attention, I give my consent to the Band Camp staff, Band Booster chaperones or Band Director to obtain such emergency treatment. I further consent to the signing of any releases by the Band Camp Staff, Band Booster chaperones or Band Director which may be required by the medical care provider. I understand that I will be notified as soon as possible in the event of an emergency medical situation.

I further understand and agree that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident is my responsibility only and not Berkmar High School, the Berkmar High School Band Boosters or its members individually, officers, agents, chaperones and volunteers as they are not obligated to pay for such medical care.

For the sole consideration of Berkmar High School and the Berkmar High School Band Boosters allowing my child(ren) to participate in Band Camp and other Band related programs, performances, activities, practices and contests, I hereby release and forever discharge Band Boosters, its members individually and officers, agents, chaperones and volunteers from any and all claims, demands, rights and causes of action of any kind I may have arising from or in any way related to any personal injury, bodily injury or property damage resulting from or in any way related to my child's participation in the Berkmar High School Band programs including Band Camp and other related programs, performances, activities, practices or contests.

I further covenant and agree that for the consideration stated above, I will not sue Berkmar High School Band Boosters, its members individually, its officers, agents, chaperones or volunteers for any claim arising from or in any way related to my child's voluntary participation in Band Camp, Berkmar High School Band programs and other related programs, performances, activities, practices or contests.

I have reviewed this document and certify that I have read the above carefully before signing.

Dated \_\_\_\_\_

---

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

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**Gwinnett County Public Schools Fields Trips**  
(over the counter medication form)

Organization **Berkmar High School Band**

Field Trip Destination **Western Carolina University**

Dates **7/18/10 to 7/23/10**

Student Name \_\_\_\_\_

I, \_\_\_\_\_, GIVE / DO NOT GIVE permission for my  
Name of parent / guardian (circle one)  
child to take “over the counter” medication during this field trip.

---

Parent Signature

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# Gwinnett County Public Schools Discipline

(zero tolerance form)

Organization **Berkmar High School Band**

Field Trip Destination Western Carolina University

Dates **7/18/10 to 7/23/10**

Student Name \_\_\_\_\_

I, \_\_\_\_\_, have had Gwinnett County Public Schools  
name of parent / guardian  
“zero tolerance” policy for sexual misconduct, drugs, weapons, and alcohol explained to me in detail. I understand that if my child suffers disciplinary action based on these policies, they will be immediately taken to the nearest airport and flown back to Atlanta, GA, escorted by a chaperone. I also understand that I will be held financially responsible for the cost of the plane ticket for the student AND chaperone being flown home.

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Parent Signature

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**Alternative Transportation Liability Form**

Gwinnett County Public Schools/Berkmar High School is not always able to provide transportation for students to off campus extracurricular school activities. In cases when transportation is not provided by Gwinnett County Public Schools/ Berkmar High School as in the use of a school bus or charter bus, it is the responsibility of the of the student's parents or guardian to secure their student's attendance at such activities. Gwinnett County Public Schools, its local schools, officers, employees or agents shall not be responsible for any injury or loss arising out of a student's transportation to or from the off campus activity when such transportation is provided by parents, students, school staff or any other party. Your signature acknowledges your receipt of and understanding of this policy.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Date of Activity

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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**Driving Directions**

**From: Berkmar High School  
To: Western Carolina University  
Cullowhee, NC 28723**

**www.wcu.edu  
Campus Police  
Camp Building Annex  
Western Carolina University  
Cullowhee, NC 28723  
Phone: 828-227-7301**

**From Atlanta, GA:** From I-85 North, exit left onto I-985. I-985 will turn into GA 365 and will then merge with 441 North. Follow 441 North to Dillsboro, NC. At the light in Dillsboro, turn right onto Business 23. Follow Business 23 through Dillsboro and Sylva to Highway 107 South intersection. Go straight through intersection and follow Highway 107 South to campus.



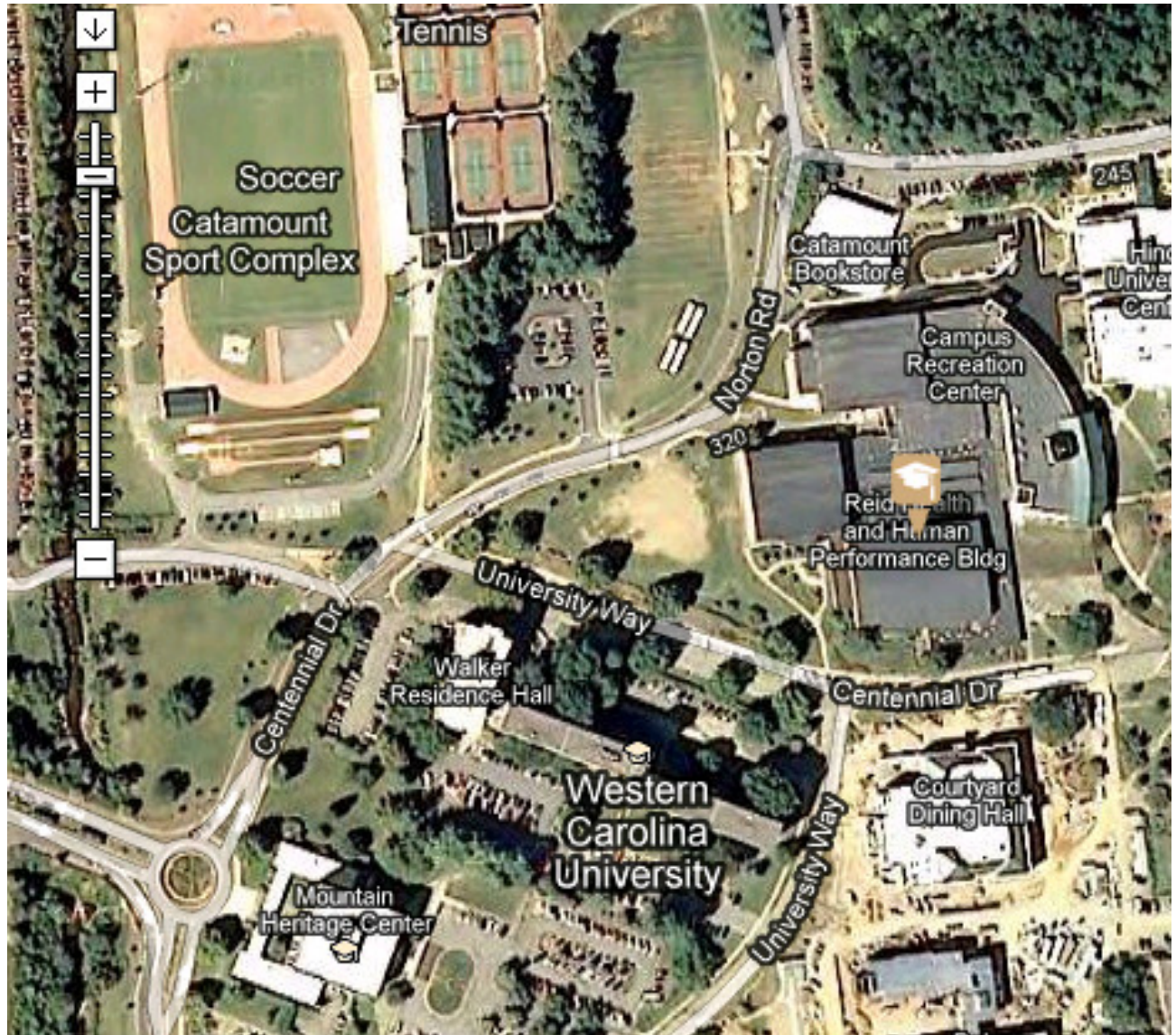
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## Campus Map of Western Carolina University



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## Aerial View of our Accommodation at WCU



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**Emergency Contact Info:**

Nick Wiebers, Band Director 706-614-4690

Danielle Purnell, Co-Secretary 678-777-6854

Deb Norwood, Co-Sec./Co-Treas. 678-849-3126

Chris Reynolds, President 678-439-6201

Jennifer Reynolds, Uniform Head 770-513-9560

**www.wcu.edu  
Campus Police  
Camp Building Annex  
Western Carolina University  
Cullowhee, NC 28723  
Phone: 828-227-7301**