

**WASHINGTON HIGH SCHOOL
WARRIOR MARCHING BAND 2013
CAMP IO-DIS-E-CA**

WHAT: Band Camp

WHEN: Monday, August 19 - Wednesday, August 21

LEAVE: Report to Wash High School by 8:00 AM August 19

RETURN: To Wash High School by 6:00 PM, August 21

WHERE: Camp IO-DIS-E-CA located southeast of Cedar Rapids approximately 10 miles.

TRANSPORTATION: Provided (buses) from Wash To and From Camp (Required mode of transportation for ALL students)

WHAT TO BRING:

- * Sleeping Bag and/or Sheets with Blanket & Pillow
- * Toiletry items
- * Bathing Suit
- * Enough clothes for 4 days
- * Comfortable, supportive shoes
- * Sun block, shades, and a hat
- * Your Instrument or Equipment
- * Music
- * Lyre (Horn Players)
- * Completed MEDICAL FORM

COST: \$100 per person. Includes all meals (except Pot Luck), lodging and transportation expense. Checks payable to Washington High School at the start of camp. Please: BRING A CHECK to camp.

Driving Directions For Parents

Marching Band Potluck, August 20, 6:00 PM

All parents, friends, family are required (OK, encouraged!) to attend.

Interstate 380 South to Exit 10 (Swisher / Shueyville)

East (Left) into Shueyville

Right at the Stop sign (Curtis Bridge Road)

Follow the Camp signs, all on paved road

The Camp is very close to Sandy Beach Rec Area, so you can follow their signs as well

If you get to the dead end road, you've gone too far!

* Please see the included map if you are a visual learner or just plug 3271 Sandy Beach Road, Solon, Iowa into your GPS!

Bring food for your kids and spend the evening with us! Check the list below:

Seniors: Dessert (Enough for your family plus 18)

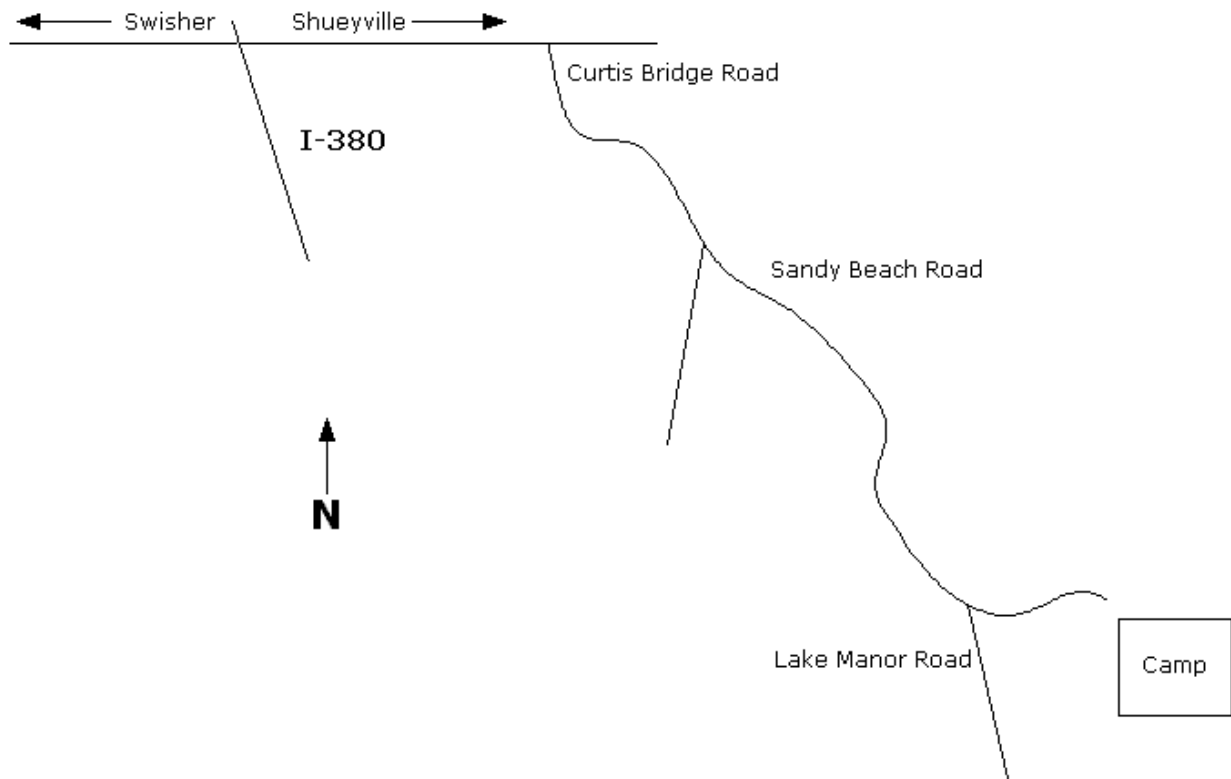
Juniors: Main Dish & Side Dish (Enough for your family plus 12)

Sophomores: Main Dish & Side Dish (Enough for your family plus 12)

Freshmen: Main Dish & Side Dish (Enough for your family plus 12)

ALL: Provide Drinks and Table service

For students whose family cannot make it: We will have table service and drinks.



It's time for Band Camp!



Below are several items about Band Camp.

Most importantly, please read and sign the Medical Release Form, and complete the Emergency Contact Form with phone numbers. Students should bring this form (tear at dotted line) along with the \$100 payment, on Monday, August 19.

Behavior expectations will be discussed; school district policies are in effect, with a higher expectation in place for the Washington Band members. We take pride in what we do, and we treat each other with respect and courtesy.

Have your name on your personal items. Please bring a minimal amount of items. This is a working camp, not vacation. Don't bring items that you cannot afford to have lost or misplaced. We will not be responsible for any misplaced or damaged items.

Please take care of yourself. Bring a water bottle to stay hydrated. Sunblock is required, and a hat is strongly suggested.

If you are on medications, bring them and be responsible for them. If you take medication, please understand that you will be responsible for keeping track of and taking it. Provisions will be made for medications needing refrigeration (i.e. insulin).

The camp address is **3271 Sandy Beach Rd NE, Solon IA 52333**.

The emergency number is **319-848-4187**.

(Student name) _____
 will be attending the Washington Band Camp and has my permission for any emergency medical treatment that may be required.

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|---------------------------|-----------------------|
| Parent/Guardian signature | Primary email address |
|---------------------------|-----------------------|

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| Parent/Guardian can be reached August 19-21 at the following phone number(s): | | | |
| | <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell | | <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell |
| Student T-shirt size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL | | Dietary restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes -- | |
| Note any medications and/or conditions of which adults should be aware: | | | |
| Medications | | | |
| Allergy | | Symptoms of reaction | |
| Action to take | | | |
| Allergy | | Symptoms of reaction | |
| Action to take | | | |

Attach \$100 Payment (checks only)

Make checks payable to Washington High School