

# Cupertino High School PROUD Pioneer Marching Band

## Welcome to the 2018 – 2019 Season!

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Dear Returning & New Members of the Cupertino High School PROUD Pioneer Marching Band,

This is the registration packet to be completed and turned in at the **MANDATORY** August registration:

**(Students and Parents must attend this registration. Please see below for your registration time.)**

### **Mandatory Registration | Saturday, August 4, 2018 Cupertino High School Band Room**

9:00 am	Woodwinds (returning & new) last names A-L
9:30	Woodwinds (returning & new) last names M-Z
10:00	Brass (returning & new) last names A-L
10:30	Brass (returning & new) last names M-Z
11:00	Percussion & Color Guard (returning & new) last names A-L
11:30	Percussion & Color Guard (returning & new) last names M-Z

We look forward to meeting each and every one of you! Please use the checklist below to assist you in completing this packet.

- Family Information, Student and Parent Information: Every student needs to complete both pages.
- Zero Tolerance Form: Every student must complete this form.
- Instrument Insurance: Every student must complete this form.
- Food Planning Questionnaire: Every student must complete this form.
- eScrip Signup: Please complete to participate in this program.
- AmazonSmile: Please sign up!
- Company Match: Please use your company's match program to support the band.
- Contribution Worksheet: Complete student's name at the top and bring to registration with payment.
- School Physical Exam Form, Part 1 and 2: **This MUST be completed and signed by a doctor for the student to participate in the band program.** Both pages MUST be turned in at registration.
- School Field Trip Form: Every student must complete this form.

Parents, please join us for our Parent Orientation and learn about what to expect this year in band:

**Parent Orientation | Monday, August 6, 2018 @ 8pm in the Band Room**

More info at <https://www.chs.fuhsd.org/band>, Connect on FB: CHS Marching Band And Color Guard 2018-19

Please feel free to contact me if you have any questions.

Welcome to marching band!

Gilbert Iruegas ("Mr. I")

Band Director, Cupertino High School PROUD Pioneer Band [Gilbert\\_iruegas@fuhsd.org](mailto:Gilbert_iruegas@fuhsd.org)

(408) 366-7395

# Cupertino High School Marching Band and Color Guard

## Family Information

**[Please Print Neatly In Ink]**

### Student Information

Student Name Last \_\_\_\_\_ First: \_\_\_\_\_

Grade in 2018 -19 School Year: \_\_\_\_\_ Student Gender:        Male        Female

Instrument (Circle one):

Flute                      Piccolo                      Clarinet                      Bass Clarinet

Alto Saxophone        Tenor Saxophone        Bari Saxophone

Trumpet                      French Horn (Mellophone) Trombone                      Baritone

Tuba                      Drumline                      Pit                      Color Guard

Other: \_\_\_\_\_

How long have you been playing the instrument? \_\_\_\_\_

Student Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Can we text you? (Circle one) Yes        No

Student Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

WE USE EMAIL AS OUR PRIMARY MEANS OF COMMUNICATION.

PLEASE MAKE SURE WE HAVE ACCURATE EMAIL ADDRESSES AT ALL TIMES.

## Parent Information: Mother

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Can we text you? (Circle one) Yes No

Available to help: Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

Do you have Marching Band experience? \_\_\_\_\_

Special Skills: \_\_\_\_\_

(Sewing, Carpentry, Artist, Medical Training, CERT, Electrical, Events, Catering, etc.)

WE USE EMAIL AS OUR PRIMARY MEANS OF COMMUNICATION.

PLEASE MAKE SURE WE HAVE ACCURATE EMAIL ADDRESSES AT ALL TIMES.

## Parent Information: Father

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Can we text you? (Circle one) Yes No

Available to help: Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

Do you have Marching Band experience? \_\_\_\_\_

Special Skills: \_\_\_\_\_

(Sewing, Carpentry, Artist, Medical Training, CERT, Electrical, Events, Catering, etc.)

## Zero Tolerance

In a proactive effort to keep our students healthy and out of trouble, we are encouraging them to make the "right" decisions regarding the use of alcohol and illegal drugs. The Cupertino High School PROUD Pioneer Band has a zero tolerance policy which states that anyone who is caught participating in illegal activity, including being in possession or under the influence of alcohol or illegal drugs, in or out of school, will be removed from the band program immediately.

We encourage students to think about their choices and to support each other in making decisions that will keep them healthy and out of trouble. We also ask that you reinforce this at home by speaking with your son/daughter.

Please feel free to contact me if I can offer any further information or if you have any questions.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

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

# INSTRUMENT INSURANCE

Cupertino High School and its staff make every effort to insure the security of equipment at each of our events and at our school facilities. Occasionally, equipment or instruments are damaged or go missing. The expense of replacing equipment can be quite a burden. In many cases, the instrument can be replaced through your homeowner or renter insurance. Please check with your insurance agent to be sure.

If you do not have insurance that can help replace your missing or damaged instrument, you can purchase insurance designed especially for musical instruments. This can be purchased from Clarion Musical Instrument Insurance. To apply for this insurance please call the company directly at 1-800-848-2534 or go to their website at [www.clarionins.com](http://www.clarionins.com). The cost of the insurance depends upon the value of the instrument.

**This insurance is for personal instruments. School-owned instruments do not need to be insured as they are covered by the school.**

Check the appropriate statement.

\_\_\_\_\_ I am using a school-owned instrument so insurance is unnecessary.

\_\_\_\_\_ I will insure the instrument through the Clarion Musical Instrument Insurance.

\_\_\_\_\_ I do not wish to insure the instrument.

\_\_\_\_\_ I have insurance and will not need to get additional insurance.

ALL INSTRUMENTALISTS PLEASE COMPLETE THIS PORTION REGARDLESS OF INSURANCE OPTION CHOSEN.

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

Instrument: \_\_\_\_\_

Serial No: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

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

Date: \_\_\_\_\_

# FOOD PLANNING QUESTIONNAIRE

*Vegetarian options are always available. Other dietary restrictions can usually be accommodated. With the exception of pepperoni pizza (which will be clearly marked), we will not serve any pork products. In addition, we will not serve any seafood products.*

## Allergies

Yes No I have food allergies. (Allergies is a physiological reaction, NOT just a strong dislike)  
Yes No I carry medication (Benadryl, EpiPen, etc) for my food allergy

## List ALL food allergies

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## Restrictions (Circle as appropriate):

Yes No I can eat anything, no restrictions  
Yes No I am completely lactose intolerant (unable to digest dairy at all)  
Yes No I am vegetarian, but not vegan (eggs & dairy are acceptable)  
Yes No I am vegan (no animal products at all)  
Yes No I require gluten-free food  
Yes No I am diabetic and need to control my blood sugar level

## I will eat the following foods:

Yes No Poultry  
Yes No Beef  
Yes No Dairy products (milk, cheese, ice cream)

Please check here if you plan to bring your own food and you do not plan to eat the food provided.

Anything else we should know about your dietary needs?

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

Student Signature: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian 1 cell phone #: \_\_\_\_\_

Parent or Guardian 2 cell phone #: \_\_\_\_\_

Please check here to allow the Food Coordinator to contact you. Please provide the best contact numbers for parent(s) and student so the Food Coordinator may contact you with any questions.

# Making the Grade...

A +

eScrip is an important part of our fundraising program. We ask that every family help us make the grade in our fundraising goal.

**Our school needs your support!**

*We need all of our families to get straight A's in their enthusiasm to raise funds. This task will not require hours of homework but just a few minutes of your time and your grocery club card number.*

- Log onto [www.eScrip.com](http://www.eScrip.com). Enter the School or Group I.D.  
Group:CHS Marching Band or ID #150733830
- You can also register your debit and credit cards.
- Shop at eScrip merchants!
- Use your eScrip registered cards for all your purchases.
- A percentage of purchases will be automatically contributed by the merchant.

*That's it! It's that easy—your family shops—our school earns dollars.*

**For eScrip Program Information, Merchant Lists or to sign up online visit [www.escrip.com](http://www.escrip.com)**

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You shop. Amazon gives.

**SUPPORT THE CHS MARCHING BAND & COLOR GUARD  
WITH AMAZONSMILE.**

Cupertino High School Band Boosters is a member of AmazonSmile!

If you are an Amazon customer, this service lets you make a gift towards your favorite non-profit organization with your purchases – without spending an extra dime.

To sign up, visit this link:

<http://smile.amazon.com/ch/56-2349318>

You will log into your Amazon account and choose Cupertino High School Band Boosters as the organization you will be supporting.

You will be able to see which items qualify for a donation. When you check out, Amazon will send a portion of the regular price of your qualifying purchases to CHS Band Boosters.

We hope that this service makes it even easier for you to consider supporting the band!

Thank you!





## **SUPPORT THE CHS MARCHING BAND & COLOR GUARD WITH COMPANY MATCHING**

Cupertino High School Band Boosters is a 501(c)(3) non-profit organization

### **Does your company match volunteer hours or donations?**

#### **Volunteer Hours:**

Microsoft, AMD, Spansion, Intel and Adobe may match your band volunteer hours with a monetary donation to Boosters.

This may range from \$10-17 per hour, which adds up quickly!

Please check if YOUR company will match the volunteer hours you provided at Tournament of Bands!

#### **Donations:**

Also, many corporations will match all or a portion of their employees monetary donations.

It is possible that your band contribution may apply. It all depends on your individual company's guidelines.

Please take a moment to check your company's program!

The five minutes it takes to fill out the form may benefit the Cupertino High School Band Boosters!

Here is a list of some of the companies that will match all or a portion of their employees' monetary donations. (If you know of any additions or errors to this list, please let us know):

- Abbott Laboratories
- Adaptec, Inc.
- Advanced Micro Devices
- Adobe Systems, Inc.
- Allied Signal Inc.
- ALZA Corporation
- American Express
- Analog Devices
- Applied Materials, Inc.
- Applied Signal Technology
- Aspect
- AutoDesk
- LAM Research
- Loral
- Macromedia
- McAfee
- Mentor Graphics
- Microsoft
- Morgan Stanley
- Motorola
- National Semiconductor
- Network Associates
- Nokia
- Northrop

- Bank of America
- BEA Systems
- Beckman Coulter
- Boeing
- Cadence Design Systems
- Cisco Systems, Inc.
- Citibank
- Citigroup
- Computer Associates
- Dain Rauscher
- DataProse
- DavidLucile Packard Foundation
- Deutsche Bank
- Electronic Arts
- FundGuidant
- GAP
- Genentech
- Greater Bay Bancorp
- Google
- Grumman
- H.B.FullerQuantum Corporation
- Home Depot
- HoneywellRBC
- Intel
- Intuit
- JDS Uniphase
- Johnson Johnson
- Juniper Networks
- Kidder, Peabody Co., Inc.
- KLA
- Knight Ridder, Inc
- Pequot Capital Management, Inc.
- Pfizer
- Oracle
- Qualcomm
- Rambus
- Robert Half International
- Rockwell Collins
- SAP
- Shaklee Corp.
- Silicon Graphics
- Sony USA
- Spansion, Inc
- Sun Microsystems
- Symantec
- Synopsys
- Tencor
- Tyco
- UBC Realty Investors
- Varian
- Veritas
- Verity
- Verizon
- Warburg Pincus Foundation
- Washington Mutual
- Wells Fargo
- eBay Foundation
- Northwestern Mutual
- Xilinx, Inc.
- Yahoo

Our Federal Tax ID Number is available on request.

Please contact the Treasurer ([treasurer@chsmarchingband.org](mailto:treasurer@chsmarchingband.org)) for the number or with any questions.

Thank you for your continued support of the Cupertino High School Proud Pioneer Marching Band!

CHS Band Boosters

# 2018-19 Cupertino Marching Band & Colorguard Contribution

Student: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Member contribution	\$920
Tournament of bands job deposit*	\$80
Total due	\$1,000

This contribution is necessary in order to fund the marching band program and provide our students the best educational and musical experience possible.

Provided through this contribution amount are:

- All competition entry fees
- Transportation to all events via Royal Coach Charter Bus
- Meals while on trips
- Musical Arrangements
- Marching Band Drill
- Instruction by some of the best marching staff in the area
- Instrument usage
- Equipment usage
- Uniform usage

\*\$80 credited to student account after an adult family member participates as volunteer for TOB (Tournament of Bands)

Other amounts that may be due:

- Marching Shoes (\$45)
- Color Guard Shoes (\$38)
- Extra Band Shirts for parents or students (\$13)

Please make checks payable to: ***CHS Band Boosters***

Total Amount Paid \_\_\_\_\_

Corporate Match ( Y / N ) Company name: \_\_\_\_\_



# Fremont Union High School District

## Physical Exam Form - Part 1

### Student/Athlete's Health History (Required)

School:  School Year:  Sports/Activities Trying Out for:

Last Name:  First Name:  M.I.:   Male

Grade:  Home Ph:  Date of Birth:  Age:   Female

Home Address:  City:  Zip:

Name of Family Doctor or Medical Clinic/Hospital:

Street Address of Doctor or Medical Clinic/Hospital:

City:  Zip:  Doctor's Office Phone Number:

**STUDENT'S HEALTH HISTORY:** To be completed by the Parent/Guardian and reviewed by the doctor at time of the student's Physical Exam. Parents, please check (✓) "Yes" or "No" to the questions below about your child's health history.

Date of student's last Diphtheria/Tetanus shot? (month/day/year)

Has the student had any:	Yes	No
1. Chronic or recurrent illness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Illness lasting over 1 week?	<input type="checkbox"/>	<input type="checkbox"/>
3. Hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
4. Surgery other than removal of tonsils?	<input type="checkbox"/>	<input type="checkbox"/>
5. Missing organs (eye, kidney, testicle)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Problems with heart or shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Dizziness or fainting with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Fainting, bad headaches, or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
9. Concussion or loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
10. Heat exhaustion, heatstroke, or other problems with heat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this student:</b>		
11. Wear eyeglasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
12. Wear dental bridges, braces, or plates?	<input type="checkbox"/>	<input type="checkbox"/>
13. Take any medications? If so, please list them below.	<input type="checkbox"/>	<input type="checkbox"/>

Is there any history of:	Yes	No
14. Injuries requiring Doctor's treatments?	<input type="checkbox"/>	<input type="checkbox"/>
15. Neck or back injury?	<input type="checkbox"/>	<input type="checkbox"/>
16. Knee injury?	<input type="checkbox"/>	<input type="checkbox"/>
17. Shoulder or elbow injury?	<input type="checkbox"/>	<input type="checkbox"/>
18. Ankle injury?	<input type="checkbox"/>	<input type="checkbox"/>
19. Other serious joint injury?	<input type="checkbox"/>	<input type="checkbox"/>
20. Broken bones or fractures?	<input type="checkbox"/>	<input type="checkbox"/>
21. Other serious injury?	<input type="checkbox"/>	<input type="checkbox"/>

Further History:	Yes	No
22. Is there any reason why this student should participate in sports?	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member died suddenly at less than 40 years of age of causes other than an accident?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a heart attack at less than 35 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to explain any questions above that you answered "yes" to:

Medications your son/daughter is currently taking:



#### Parent's/Guardian's & Student's Acknowledgement

I have reviewed and agree with the information presented on this form. I also understand that the Physical Examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal doctor. I do not know of any reason why the above-named student should not participate and represent his/her school in supervised athletic activities.

Signature of Parent/Guardian:

Date (mo/day/year):

Signature of Student/Athlete:

Date (mo/day/year):



# Fremont Union High School District

## Physical Exam Form - Part 2

### Physical Examination Form (Required)

*A doctor must administer this Physical Exam & sign/date below.*

Student ID# \_\_\_\_\_

**Parents - Please complete the top line for the doctor and please print neatly. All other areas will be completed by the doctor.**

Last Name:  First Name:  M.I.:  DOB  School:

Height:  Weight:  % Body Fat (optional)  Pulse:  BP:  ( \_\_\_ / \_\_\_ , \_\_\_ / \_\_\_ )

Vision: R - 20/  L - 20/  Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

Follow-up Questions on More Sensitive Issues - Questions asked by the doctor	Yes	No
1. Do you feel stressed out or under a lot of pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel safe?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever tried cigarette smoking, even 1 or 2 puffs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently smoke?	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 30 days, have you used chewing tobacco, snuff, or dip?	<input type="checkbox"/>	<input type="checkbox"/>
7. During the past 30 days, have you had at least one drink of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever taken steroid pills or shots without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever taken any supplements to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this student:</b>		
10. Wear eyeglasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
11. Wear dental bridges, braces, or plates?	<input type="checkbox"/>	<input type="checkbox"/>
12. Take any medications? If so, please list them below.	<input type="checkbox"/>	<input type="checkbox"/>

Dr.'s Notes:

DOCTOR'S EXAMINATION	NORMAL	ABNORMAL FINDINGS (Doctor, please list & describe any abnormalities)
Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hips/thigh		
Knee		
Leg/ankle		
Foot/toes		

Multiple-examiner set-up only. \*\*Having a third party present is recommended for the genitourinary examination.

**DOCTOR'S CLEARANCE:** This student is medically cleared to participate in sports/activities: YES \_\_\_ NO \_\_\_ (Doctor checks one)

Exceptions or limitations (if any):

Doctor's Printed Name & Address:   
(Stamp is okay)

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

M.D.? Yes  No  Doctor's I.D. #: \_\_\_\_\_

**PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)**

**District-Sponsored Event  
(Attendance Voluntary)**

\_\_\_\_\_ has my permission to go on the following **voluntary** field trip:  
Student's Name \_\_\_\_\_

Destination: Various dates: Oct. 7 - Nov. 20, 2018

Date(s): \_\_\_\_\_ Departure Time: TBA Return Time: TBA

Person in Charge: Gilbert Iruegas

Health Needs: Initial and Complete as appropriate.

\_\_\_\_\_ My student has **NO** special health needs the staff should be aware of, and **NO** medication is required on the trip.

\_\_\_\_\_ My student has a special health need, \_\_\_\_\_ and the following medication should be given the person in charge along with written instructions from the student's attending physician:  
\_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity.

**I also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this free time. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and possible suspension or expulsion from school. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.**

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Family Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**MAIN LANGUAGE SPOKEN IN HOUSEHOLD:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
Name and Telephone

# Cupertino High School Band

## 2018 Fall Calendar

<u>Date</u>	<u>Day</u>	<u>Time</u>	<u>Location</u>	<u>Event</u>
8/4	Sat	9am – 1pm	CHS Band Room	Band Camp Registration
8/6-8/10	Mon - Fri	8:45am – 9pm	CHS	Band Camp
8/6	Mon	8:00pm	CHS Theater	Parent Meeting
8/11	Sat	8:45am – 6pm	CHS	Band Camp
8/14	Tues	7pm	CHS Band Room	Booster Meeting
8/13-8/16	Mon - Thurs	4:45pm – 9pm	CHS	Band Camp
8/17	Fri	5pm – 8pm	CHS	Summer Potluck & Showcase
8/21 - 11 15	Tues & Thurs	5:45pm - 9pm	CHS	Full Band Rehearsal
8/24	Fri	5pm-10pm	CHS	Football Game 1
8/25	Sat	8:45am-5pm	CHS	Percussion Rehearsal
8/28	Tues	7pm	CHS Band Room	Booster Meeting
8/31	Fri	5pm-10pm	CHS	Football Game 2
9/1	Sat	8:45am-5pm	CHS	Percussion Rehearsal
9/8	Sat	8:45am-5pm	CHS	Percussion Rehearsal
9/11	Tues	7pm	CHS Band Room	Booster Meeting
9/15	Sat	8:45 am – 5pm	CHS	Full Band Rehearsal
9/22	Sat	8:45 am – 5pm	CHS	Full Band Rehearsal
9/28	Fri	5pm-10pm	CHS	Football Game 3
9/29	Sat	8:45 am – 5pm	CHS	Full Band Rehearsal
9/26	Tues	7:30	CHS Band Room	Booster Meeting
9/29	Fri	5:30-9	CHS	Football Game 3 (Homecoming)
9/30	Sat	8:45 am – 5pm	CHS	Full Band Rehearsal
10/6	Sat	8:45am-1pm	CHS	Full Band Rehearsal
10/6	Sat	4pm - 10pm	Fremont	FUHSD Band Expo
10/8	Mon	7am-3pm	San Francisco	Fleet Week Performance
10/9	Tues	7pm	CHS Band Room	TOB Meeting
10/12	Fri	5:30-9	CHS	Football Game 4
10/13	Sat	1pm-10pm	CHS	Tournament of Bands ("TOB")
10/14	Sun	10am-12pm	CHS	TOB Clean-up
10/20	Sat	TBA	TBA	BOA
10/23	Tues	7pm	CHS Band Room	Booster Meeting

10/26	Fri	5:45-9pm	CHS	Football Game 5
10/27	Sat	8:45am-1pm	CHS	Full Band Rehearsal
10/27	Sat	4pm – 12am	Pleasanton, CA	Foothill HS Band Review
11/3	Sat	8:45am - 1pm	CHS	Full Band Rehearsal
11/3	Sat	4pm-12am	Lodi, CA	Grape Bowl Band Review
11/6	Tues	7pm`	CHS Band Room	Booster Meeting
11/10	Sat	8:45am-5pm	CHS	Full Band Rehearsal
11/11	Sun	9am-1pm	Downtown SJ	Veterans Day Parade
11/13	Tues	4:30-9pm	CHS	Rehearsal/ Senior Night
11/15	Thurs	5:30– 9:30pm	CHS	Home Show & Potluck
11/17	Sat	8:45am – 12pm	CHS	Full Band Rehearsal
11/17	Sat	4pm-12am	Stockton	Lincoln Band Review

**All times are tentative until an itinerary is distributed for each event.**