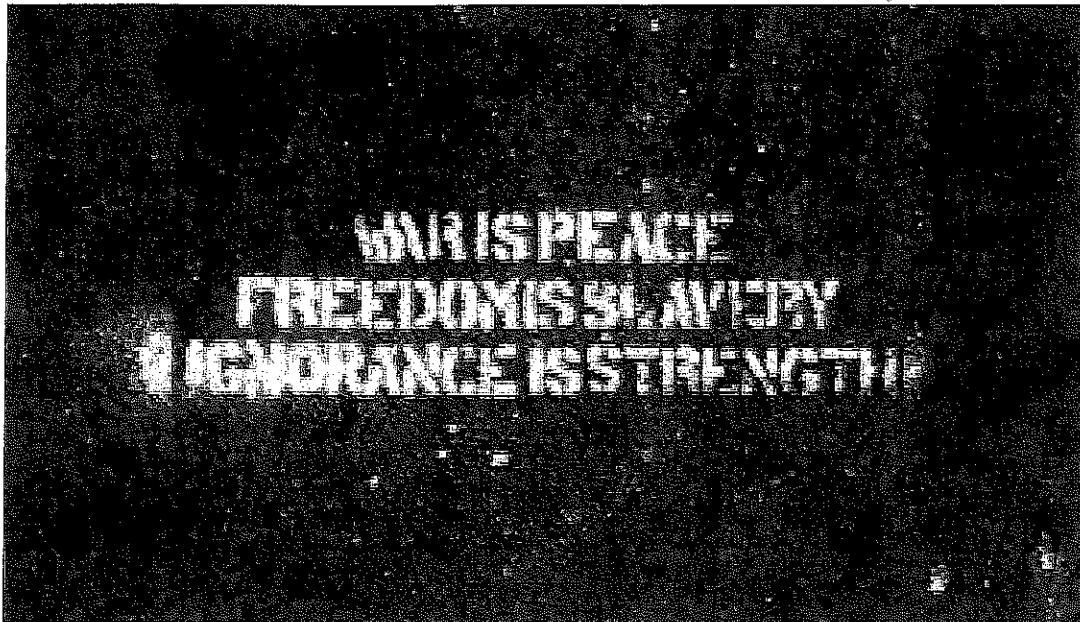


2015 TJMC - Packet 1



Welcome to TJMC! Instructions for filling out and turning in this packet are on the back of this page. The packet and initial payment are due by *June 25th*.

*Pay close attention to each form. Remember –
Big Brother is watching.*

INSTRUCTIONS FOR FORMS AND PAYMENTS – Fall 2015

Please read these instructions carefully.

All Forms will also be made available on the Charms web site.

Round 1 Forms – Due by June 25th with \$350 Fee for Away Camp

Drop off at rehearsal or mail directly to:

Mr. Brad Case, 1260 Pine Hill Road, McLean, VA 22101

Form 1: Emergency Care Information Form (FCPS Form SS/SE-3, also available online at <http://www.fcps.edu/it/forms/se3.pdf>): Make sure to complete both pages. Will be kept on file all season. Recommend completing the fillable pdf and saving a copy for other school activities, too.

Form 2: Acknowledgement of Commitment Form - Will be kept on file all season. Please review carefully.

Form 3: Extra T-Shirt Order Form - Please include extra shirts when calculating payment on Form 5. The first shirt is free but having a 2nd shirt is a great idea. Shirts can be ordered for parents, siblings, and others.

Form 4: Senior T-Shirt Order Form - Please include when calculating payment on Form 5.

Form 5: Fee Payment Form (Due June 25th) – Please do not forget to attach payment by check.

Form 6: TJMC Volunteer Opportunities Form – Critical to the success of TJMC!

Form 7: Medication Authorization Form (FCPS Form SS/SE-63, also available online at <http://www.fcps.edu/it/forms/se63.pdf>): Will be kept on file all season. Recommend completing the fillable pdf and saving a copy for other school activities, too.

Form 8: Medication Information Form – Please complete both sections.

Form 9: Epinephrine Authorization Form – (FCPS Form SS/SE-64, available online at <http://www.fcps.edu/it/forms/se64.pdf>): Complete only if relevant.

Form 10: Inhaler Authorization Form – (FCPS Form SS/SE-65, available online at <http://www.fcps.edu/it/forms/se65.pdf>): Complete only if relevant.

Please complete and return Forms 1-8 even if you think any are not applicable. Thanks!



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

Last:		First:		Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:	
School Name:			ID No.:	Teacher or Counselor :			Bus # (AM):	Bus # (PM):
<input type="checkbox"/> Student has medical alert information on file. See page 2 for details.								

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives the preponderance of the school week and who enrolled the student in school.

Enrolling Parent		Last:		First:		Middle:	Telephone	
							Home:	
Number:		Street:				Apt. #:	Work:	
City:				State:		Zip:	Cell:	
Relationship:		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self		<input type="checkbox"/> Resides with		Language:	E-mail:	
Other Parent		Last:		First:		Middle:	Telephone	
							Home:	
Number:		Street:				Apt. #:	Work:	
City:				State:		Zip:	Cell:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		
Other Parent		Last:		First:		Middle:	Telephone	
							Home:	
Number:		Street:				Apt. #:	Work:	
City:				State:		Zip:	Cell:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		
Other Parent		Last:		First:		Middle:	Telephone	
							Home:	
Number:		Street:				Apt. #:	Work:	
City:				State:		Zip:	Cell:	
Relationship:		<input type="checkbox"/> Resides with		Language:		E-mail:		

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick your child up from school during the school day.

Name of Person	Relationship	Language	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please remember to sign page 2.



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION					
Last:		First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
School Name:		ID No.:	Teacher or Counselor:	Bus # (AM):	Bus # (PM):
Siblings attending the same school (complete if applicable). Name(s): _____			Is Internet access available in your home for your child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		

CURRENT HEALTH CONDITIONS	
Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. See below for medical alert information currently on file.	
<input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____	<input type="checkbox"/> hemophilia <input type="checkbox"/> sickle cell anemia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____
<input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____	<input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) _____ <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____
List all medications and dosages your child receives on a continual basis: _____ _____ _____	

MEDICAL ALERT INFORMATION ON FILE
This space reserved for system printing of Health Information

PHYSICIAN INFORMATION	
My child's medical care is provided by: _____ (name of doctor, clinic, or HMO) (telephone)	
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, medical coverage is provided by: _____ (health insurance company, assistance program, HMO, etc.) (telephone)	

First aid and emergency treatment will be provided to students in accordance with the current version of FCPS Regulation 2102 or in accordance with the student's individualized health plan.

ENROLLING PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

Form 2

ACKNOWLEDGEMENT OF COMMITMENT

Policy Statement/Participation Agreement

I understand that I am expected to honor my commitment to this ensemble by being present for all required rehearsals and performances. This includes Home Camp rehearsals (August 17-22), Orkney Springs rehearsals (August 23-27), Post-Orkney Home Camp rehearsals (August 29, August 31-September 3), and required weekend rehearsals (September 19) as well as after-school fall rehearsals through the first week of November 2015. I will also participate in all required home football game performances (September 18 and October 9, 23, and 30) and scheduled competitions (September 26; October 3, 17, and 31; and November 7-8).

I acknowledge that there are substantial costs associated with participation in this ensemble. There are also innumerable rewards that make the experience very worthwhile.

I understand that once I make the commitment to participate in the TJ Marching Band for the season, the show is written based on my participation. This means that the show would have to be rewritten at an increased cost to the program, if I fail to complete my participation commitment.

I therefore agree to participate fully through the season. If I fail to participate after the commitment deadline of June 25th, 2015, I understand that I will forfeit my payment in full. I understand that no reimbursement will be given due to the expenses incurred by the Thomas Jefferson HSST Band Boosters, Inc. as explained elsewhere in this packet.

I further understand that no reimbursement can or will be made for extenuating or peripheral purchases that I have made toward my participation. All marchers should understand that both students and parents are party to this agreement, and signatures will indicate acceptance of the terms herein.

Uniform Agreement

I understand that the uniform is the property of the TJHSST Marching Band and that all marchers are required to have a parent sign this agreement and the uniform receipt that is completed when the uniform is issued.

I understand that students will be issued uniform pieces listed below and that they/we are responsible for returning these same items, in undamaged condition. If any of the items are lost or damaged, we will pay the fee for replacement or repair. I agree to make no permanent alterations to any part of the uniform (do not cut fabric – hemming is ok). The marcher will immediately report any stains or damage to his/her uniform coordinator, without penalty.

Uniform Part	Replacement Cost
Jacket	\$150
Pants	\$120
Dickey	\$35
Raincoat*	\$40
Hat	\$30
Garment Bag	\$15
Hanger	\$5

Form 2 (page 2)

TJMC and Orkney Springs Rehearsal Rules

While participating in rehearsals for TJMC at the school, away rehearsals at Orkney Springs, home and away games for the fall season, and all TJMC performances off school grounds, I will accept responsibility for maintaining good conduct, appearance, and hygiene, and I will follow instructions at all times. I understand that my conduct is governed by the "Rules of Conduct and Disciplinary Procedures" outlined in Fairfax County Public Schools Regulation 2601.1P, Student Responsibilities and Rights. A copy of this document is available from the Band Director, and is also on file with the TJHSST principal.

Specifically:

I will not possess or consume any alcoholic beverages, drugs or tobacco at Shrine Mont/Orkney Springs or on school property or while involved with this activity.

I will not participate in any hazing, harassment or any form of initiation or other conduct that endangers the safety or well being of students, chaperones, and/or staff.

I will abide by all Shrine Mont/Orkney Springs rules, including those that prohibit visiting the residences of the opposite sex.

I will follow the instructions and published schedules as presented, and understand my responsibility for punctual attendance at all rehearsals and group activities.

I will wear shoes and a shirt to all practices, in the dining hall and elsewhere as appropriate.

I will be in my assigned room and will respect quiet hours at the scheduled times.

If I break these rules, I understand that not only will my parents be called to bring me home from Orkney Springs or any away venue, but appropriate disciplinary measures, including possible suspension or expulsion, will be imposed by TJHSST and FCPS administrators.

By signing this document, we acknowledge that we have read the above rules and policies and agree to fully comply.

Student Name (Print) _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Form 3

SHOW T-SHIRT ORDER (for all TJMC and Parents!!!!)

Print Student Name: _____

Each student will be provided with one 2015 marching season custom-designed short sleeve T-shirt. Additional T-shirts may be ordered for \$10.00 each. These can be ordered to have an extra clean T-shirt ready, and can also be ordered for parents who wish to have one to wear to games and competitions.

Size of (FREE) student T-Shirt: (circle one) S M L XL XXL

Additional T-shirts @ \$10.00 each (for marcher, parent, etc):

____ S	____ M	____ L	____ XL	____ XXL	Total Additional Shirts	_____
qty	qty	qty	qty	qty		

Print name of individual to receive additional T-shirt at cost of \$10 each, and relationship to marcher:

1.

2.

3.

Total Payment required (total additional shirts x \$10): \$ _____

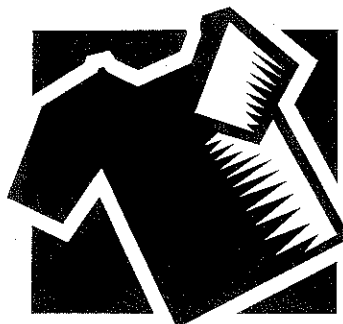
Note: These T's will be worn under the uniform as a part of the regulation dress. Having 2 T's is a great convenience when we have a home game on Friday night and a competition the next day & the T-shirt is needed for both.

Include payment with fees on Form 5 & return this form on June 25th.

Form 4

TJMC Class of 2016 and Parents: the Senior T-Shirt is coming!

TJMC 2015-2016 SENIOR SHIRTS



**This specially designed shirt
will reflect all 4 years of TJMC
programs and
will include the names of all
15-16 TJMC seniors.**

**It is available for purchase at this time only –
NO extras will be ordered.
Shirts are \$20 each.**

Senior's Name: _____ email: _____

Please indicate the number of shirts in each size:

Small	Medium	Large	XL	XXL	3XL
_____	_____	_____	_____	_____	_____
qty	qty	qty	qty	qty	qty

Total number of shirts _____ @ \$20 = _____

Please enclose a check payable to TJHSST Band Boosters (you can also include this with your
TJHSST Marching Band Fee payment – see Form 5)

Form 5

INITIAL FEE PAYMENT

All payments to the TJMC are non-refundable. Please remit by June 25th. Checks should be made payable to: TJHSST Band Boosters and attached to this form. Thank you.

Payment - Due by June 25th, 2015

Print Student Name: _____

Fee for Away Camp at Orkney Springs	+	\$350.00
Extra T-shirts @ \$10 each	+	\$ _____
Senior T-shirt (Seniors Only!) @ \$20 each	+	\$ _____
Less: Fundraising Credits	-	\$ _____
Total Due	=	\$ _____

Payment must be received no later than **June 25th, 2015**

Activity Fee of \$400 will be due by August 1st, 2015.

Overnight Trip Fee TBD will be due by September 15th, 2015.

Form 6

TJMC VOLUNTEER OPPORTUNITIES

TJMC cannot be successful without parental support in key roles including chaperoning during the week away at Orkney Springs; fitting and organizing uniforms; driving the equipment truck; and helping with fundraising activities.

At Orkney Springs, chaperone duties include helping with equipment, nursing, filling water bottles, assisting the volunteer nurse, chaperoning social functions, making bed checks and security watches. Parents have as much or as little interaction with their own students as they negotiate. The week is a rewarding and relaxing experience. Please consider volunteering even if only for a part of the week.

Other volunteer opportunities during the band season include pit crew (moving equipment on/off the field for performances at home games and competitions), pep band & competition chaperones, and assisting students with loading and unloading equipment trucks.

Summer Opportunities

I am willing to help as indicated below (check all that apply):

- ☐ Fitting, hemming, & organizing uniforms
- ☐ Carpentry, welding, or other prop construction
- ☐ Check-in for Orkney Springs trip on Sunday morning, August 23
- ☐ Orkney Springs Chaperone

Circle nights you can be at Orkney Springs and write in your arrival and departure times

Sunday, Aug 23	Monday, Aug 24	Tuesday, Aug 25	Wednesday, Aug 26	Thursday, Aug 27
Chaperone yes/no	Chaperone yes/no	Chaperone yes/no	Chaperone yes/no	Chaperone yes/no
Arrive time:	Arrive time:	Arrive time:	Arrive time:	Arrive time:
Depart time:	Depart time:	Depart time:	Depart time:	Depart time:

→ Will you ride on the bus with the students? Sun 8/23 (to) yes / no Fri 8/27 (from) yes / no

During the Marching Season

- ☐ I can assist with the pit crew: home games (yes / no) away competitions (yes / no)
- ☐ I can assist with simple, minor equipment repairs: mechanical (yes / no) electrical (yes / no)
- ☐ I can be a chaperone during the school year as needed, please call
- ☐ I can assist with fund raising activities
- ☐ I can assist with the newsletter and/or other office activities including the music library
- ☐ I can videotape events to share with the instructional staff & ensemble
- ☐ I can drive the equipment truck as needed, please call
- ☐ I can help with carpentry or welding as needed, please call
- ☐ I can help with the vetting process for instructional staff
- ☐ I will do anything (when I am available), call me!

Print Name (Parent): _____ FCPS Employee? Check here [☐]

Parent telephone: (day) _____ (night) _____ (cell) _____

Parent e-mail: _____ Student Name: _____ Grade _____



MEDICATION AUTHORIZATION

Release and Indemnification Agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I PARENT OR GUARDIAN TO COMPLETE

I hereby request Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FCPS, FCHD, SACC, and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use medication, provided FCPS, FCHD, and SACC staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Has the student taken ☐ Yes ☐ No (If no, the first full dose must be given at home to ensure that the student does not have a negative reaction.)
this medication before? First dose was given: Date _____ Time _____

Student Name (Last, First, Middle)

Date of Birth	School Name	School Year	Grade
---------------	-------------	-------------	-------

No School Board employee, public health nurse, or school health aide shall administer medication or treatment, as an exception under School Board policy, unless the principal or his or her designee has personally reviewed all the required clearances.

Parent or Guardian Signature

Daytime Telephone

Date

PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION FOR RELIEF OF SYMPTOMS FOR HEADACHE, MUSCLE ACHE, ORTHODONTIC PAIN, OR MENSTRUAL CRAMPS AND FOR ANTIBIOTIC AND ANTIVIRAL MEDICATION. PHYSICIAN MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS

The Fairfax County Health Department and Fairfax County Public Schools discourage the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and overnight field trips and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

Diagnosis

Medications

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Dosage to be given at school or SACC, (e.g. mg, ml, or cc)

Time(s) or interval between times to be given

Effective date

☐ Current School Year ☐ From _____ To _____

If the student is taking more than one medication at school, list sequence in which medications are to be taken

Physician Name (Print or Type)

Physician Signature

Telephone or Fax

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Telephone

Date

(Not required if physician signs)

PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check ☒ as appropriate

☐ Parts I and II above are complete including signatures. (It is acceptable if all items in part II are written on the physician's stationery or a prescription pad.)

☐ Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent.
(Within one week after expiration of the physician order or on the last day of school.)

Principal or Designee Signature

Date

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible so that the student will not lose valuable classroom time or have a shortened lunch period. Any medication taken in school or SACC must have a parent or guardian-signed authorization; some medications also require physician orders. Medication must be kept in the school health room or other school-approved location during the school day. **The parent or guardian must transport medications to and from school, except a high school student may carry an over-the-counter medication to and from the school health room.**
2. No medication will be accepted by school or SACC personnel without receipt of completed and appropriate medication forms.
3. A physician may use office stationery or a prescription pad in lieu of completing part II. Include the following information written in lay language with no abbreviations:
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken in school, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
 - Time to take medication and frequency or exact time interval dosage is to be administered
 - Sequence in which the medications should be taken in cases where more than one medication is prescribed
 - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" is unacceptable.)
 - Duration of medication order or effective dates
 - Physician's signature
 - Date
4. All prescription medications, including physician's prescription drug samples, **must** be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication **must** be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
 - Name of student
 - Exact dosage to be taken in school (e.g. milligrams per tablet, milligrams per ml/cc)
 - Frequency or time interval dosage is to be administered
5. **The first dose of any new medication must be given at home.**
6. The parent or guardian is responsible for submitting a new form to the school and to SACC at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.
7. Medication kept in the school will be stored in a locked area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. The student is to come to the school health room, or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the school health room at the appropriate time. **Medication can be given no more than one half hour before or after the prescribed time.**
10. The Fairfax County Health Department, Fairfax County Public Schools, and Fairfax County School Age Child Care do not assume responsibility for authorized medication taken independently by the student.
11. In no case may any health, school, or SACC staff member administer any medication outside the framework of the procedures outlined here and/or in FCPS regulations.

Form 8 **MEDICATION INFORMATION**

Printed Student Name: _____

Please list all prescription and over the counter medication that your child is authorized to carry and administer while on the field trip.

(Note: Physician or Health Care Professional Signature needed on SS/SE-63 Form (Form 7) for prescription medication.)

Name of Medication	Dosage	Prescription or OTC?	Comments

Supplementary Authorization for OTC Medications

I have authorized administration of over-the-counter (OTC) medications on FCPS Medication Authorization form SS/SE-63. The Band Director, staff, nurse, or parent chaperones may provide the following medications to my student if required and requested. My student has never had an allergic reaction to the medications I have authorized.

The volunteer nurse will have the OTC products noted below available on a limited basis.

Check YES or NO on each line; for each entry, you must check either YES or NO. Please do not leave blanks.

YES _____	NO _____	Advil or Motrin, Ibuprofen, 200-400 mg, every 4 hours for pain or fever
YES _____	NO _____	Bacitracin ointment with dressing changes for wounds
YES _____	NO _____	Benadryl, diphenhydramine, 25-50 mg, every 4 hours for allergic reactions
YES _____	NO _____	Calamine lotion as needed for insect bites or rash
YES _____	NO _____	Cepacol throat lozenges, 1-2 every 4 hours for sore throat or cough
YES _____	NO _____	Hydrocortisone cream, 2%, for insect bites or rash
YES _____	NO _____	Sudafed PE, phenylephrine HCl 10 mg, every 4 hours for nasal congestion
YES _____	NO _____	Tums, antacid 500 mg, 2-4 tablets every 4 hours for upset stomach
YES _____	NO _____	Tylenol, acetaminophen, 325-650 mg, every 4 hours for pain or fever

Dated: _____

Parent Signature

May 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15 <i>Drum Major Auditions 4:00pm-7:00pm—TJ</i>	16 <i>Incoming Freshman Auditions 9AM-4PM—TJ</i>
17	18	19	20	21 <i>Spring Trip to FL</i>	22 <i>Spring Trip to FL</i>	23 <i>Spring Trip to FL</i>
24 <i>Spring Trip to FL</i>	25 <i>Spring Trip to FL Memorial Day</i>	26	27	28	29 <i>Spring Band Concert</i>	30
31						

June 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4 <i>TJMC Interest Meeting</i> 6:00pm-8:00pm <i>TJ</i>	5 <i>TJMC Percussion Rehearsal</i> 4:30pm-7:00pm <i>TJ</i>	6 <i>TJMC Percussion Rehearsal</i> 4:30pm-7:00pm <i>TJ</i>
7	8	9 2014-2015 <i>TJ Band Banquet</i> (non-TJMC event)	10	11 <i>TJMC Interest Rehearsal</i> 4:30pm-8:00pm	12	13
14	15	16	17	18 <i>TJMC Interest Rehearsal</i> 4:30pm-8:00pm	19	20
21	22	23	24	25 <i>TJMC Interest Rehearsal</i> 4:30pm-8:00pm <u><i>Commitment Date</i></u>	26	27
28	29	30				

July 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9 <i>TJMC Winds Rehearsal 4:00pm-8:00pm</i>	10	11
12	13	14	15	16 <i>TJMC Winds Rehearsal 4:00pm-8:00pm</i>	17	18
19	20	21	22	23 <i>TJMC Winds Rehearsal 4:00pm-8:00pm</i>	24	25
26	27	28	29	30 <i>TJMC Winds Rehearsal 4:00pm-8:00pm</i>	31	

August 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6 <i>TJMC Winds Rehearsal 4:00pm-8:00pm</i>	7	8
9	10	11	12	13	14	15
16 <u>ALL Rehearsals from this point on are FULL TJMC</u>	17 <i>Home Camp 8-12pm—Leadership 1pm-5pm Full TJMC</i>	18 <i>Home Camp 8:00am-5:00pm</i>	19 <i>Home Camp 8:00am-5:00pm</i>	20 <i>Home Camp 8:00am-5:00pm</i>	21 <i>Home Camp 8:00am-5:00pm</i>	22 <i>Home Camp 8:00am-1:00pm</i>
23 <i>Orkney Springs Away Camp 9:00am Report</i>	24 <i>Orkney Springs Away Camp</i>	25 <i>Orkney Springs Away Camp</i>	26 <i>Orkney Springs Away Camp</i>	27 <i>Orkney Springs Away Camp</i>	28 <i>Return from Orkney 12:00pm arrival at TJ</i>	29 <i>Home Camp 10:00am-3:00pm</i>
30	31 <i>Home Camp 4:00pm-8:00pm</i>					

September 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 <i>Home Camp</i> 4:00pm-8:00pm	2 <i>Home Camp</i> 4:00pm-8:00pm	3 <i>Home Camp</i> 4:00pm-8:00pm <i>Preview Performance</i> at 7:30pm	4 <i>Home Football Game</i> vs. T.C. Williams <i>Optional Pep Band</i> —————>	5 <i>The rest of the home games are all Required—this is the only optional one.</i>
6	7 <i>Labor Day</i>	8 <i>Rehearsal</i> 4:00pm-7:00pm	9	10 <i>Rehearsal</i> 4:00pm-7:00pm	11	12 <i>Free Weekend</i>
13	14 <i>Rehearsal</i> 4:00pm-6:00pm <i>Rosh Hashanah</i>	15 <i>Rehearsal</i> 4:00pm-7:00pm <i>Rosh Hashanah</i>	16	17 <i>Rehearsal</i> 4:00pm-7:00pm	18 <i>Home Football Game</i> vs. Mount Vernon	19 <i>Rehearsal</i> 10:00am-5:00pm
20	21 <i>Rehearsal</i> 4:00pm-6:00pm	22 <i>Rehearsal</i> 4:00pm-7:00pm	23	24 <i>Rehearsal</i> 4:00pm-7:00pm	25	26 <i>US Bands Competition</i> <i>Annapolis, MD</i> <i>ALL DAY</i>
27	28 <i>No Rehearsal</i> <i>SRO Auditions</i>	29 <i>Rehearsal</i> 4:00pm-7:00pm	30			

October 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 <i>Rehearsal</i> 4:00pm-7:00pm	2 <i>Away Football Game</i> vs. Annandale HS <i>Optional Pep Band</i>	3 <i>USBands</i> <i>Competition</i> <i>Westminster, MD</i> <i>ALL DAY</i>
4	5 <i>Rehearsal</i> 4:00pm-6:00pm	6 <i>Rehearsal</i> 4:00pm-7:00pm	7	8 <i>Rehearsal</i> 4:00pm-7:00pm	9 <i>Home Football Game</i> vs. JEB Stuart HS	10 <i>SAT Day</i> <i>Free Weekend</i>
11	12 <i>COLUMBUS DAY</i>	13 <i>Rehearsal</i> 4:00pm-7:00pm	14	15 <i>Rehearsal</i> 4:00pm-7:00pm	16	17 <i>BOA Competition</i> <i>Delaware</i> <i>ALL DAY</i> <i>LATE RETURN</i>
18	19 <i>Rehearsal</i> 4:00pm-6:00pm	20 <i>Rehearsal</i> 4:00pm-7:00pm	21	22 <i>Rehearsal</i> 4:00pm-7:00pm	23 <i>Home Football Game</i> vs. Lee HS	24 <i>Free Weekend</i> <i>HOMECOMING</i>
25	26 <i>Rehearsal</i> 4:00pm-6:00pm	27 <i>Fall Band Concert</i>	28	29 <i>Rehearsal</i> 4:00pm-7:00pm	30 <i>Home Football Game</i> vs. Wakefield HS <i>SENIOR NIGHT</i>	31 <i>VBODA</i> <i>State Assessment</i> <i>Winchester, VA</i> <i>Morning/Afternoon</i>

November 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 <i>TEACHER WORK DAY</i>	3 <i>TEACHER WORK DAY</i>	4 <i>Rehearsal</i> 4:00pm-6:00pm	5 <i>Rehearsal</i> 4:00pm-6:00pm	6 <i>Rehearsal</i> 4:00pm-7:00pm	7 <i>USBands Open Class Nationals</i> <i>New Jersey</i> <i>ALL WEEKEND</i>
8 <i>USBands Open Class Nationals</i> <i>New Jersey</i> <i>ALL WEEKEND</i>	9	10 <i>TJMC Banquet</i> 6:00pm—TJHSST	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					