

SFCC Jazz Workshop/Festival

Friday, November 22, 2024

Hello Jazz Parents/Guardians and Students,

The LHS Jazz Band is participating in the SFCC Jazz Workshop on **Friday, November 22**. This is an all-day event filled with performances, multiple clinics with professional jazz musicians, and watching a nighttime concert put on by the guest clinicians. The festival will take place in the SFCC Music Building. **Students must bring a sack lunch** with them or you can purchase at the SFCC Cafeteria. It is a school day and most of the jazz bands at the festival will be eating here so it could be packed and take a while to get your food. We are looking for one chaperone so please let me know if you are interested. This is an exciting, fun, educative, and **required (graded) event!!!** Please see the below for schedule details.

Looking forward,

Levi Mazurek
Music Director
Lakeside High School
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SCHEDULE for Friday, November 22, 2024

7:30am	Call time in LHS Band Room
7:45	Depart LHS for SFCC
8:40	Watch Liberty High School Jazz Band
9:20	Warm-up
9:40	Perform
10:00	Clinic
10:20	Put instruments away and watch Mead Small Combo
11:10	Clinic Session 1
12:00pm	Lunch in Building 17 (SFCC Cafeteria)
12:40	Clinician Jam
1:00	Watch Ferris High School 1
1:20	Watch Central Valley HS 2
1:40	Watch Mead High School 1
2:00	Depart SFCC for mall - dinner and hangout
2:20	Arrive at the mall (Northtown)
5:50	Depart Mall
6:10	Arrive at SFCC
7:00	Watch Guest Artist Concert
8:30	End of Concert
8:45	Depart SFCC
9:15pm	Approximate arrival at LHS

Field Trip Permission and Emergency Treatment Slip

2320F-2

Date of Field Trip: 11/02/24

Destination: SFCC JAZZ WORKSHOP (at SFCC)

Purpose of Trip: Performance, Adjudication, clinics, and watching other Jazz Bands

Departure Time: 7:45am Return Time: 9:15pm

What to Bring: Uniform, Instrument, casual clothes, \$ or cold lunch for lunch + dinner.

Cost: N/A Ratio of Chaperones to Students: 2 to 12

I understand that playing/participating in any activity can involve risk of injury. I have discussed with my child the importance of following the instructions of the teacher and chaperone regarding playing techniques, and activity rules, to avoid unnecessary injuries to himself/herself or their classmates. I give my permission for my child, _____ to travel on this trip.

Parent/Guardian Signature

Date

I give my permission for emergency treatment of my child by a licensed physician designated by a school official.

Student Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

How can we contact you during the field Trip?

Phone: _____ ☐ Home ☐ Work ☐ Cell ☐ Other _____

If we can't reach you in an emergency whom shall we contact? _____

Special Needs (medication, allergies, foods, inhalers, etc.) _____

Parent/Guardian Signature

Date