# **2014 Southeast Marching Band General Information**

### SCHEDULE OF EVENTS

# <u>Drumline/Front Ensemble follow Dr. Mizicko's previously released instructions regarding before</u> school rehearsals.

#### August 17, Sunday—Move-in Day

On-Campus Housing

If you are planning to live on-campus, your name was forwarded to Residence Life (on July 15) and you are permitted to move in as early as Sunday (morning/afternoon), August 17, anytime from 9 am to 5 pm. All room keys are to be picked up at the Towers Customer Service Desk. Your meal plan will not take effect until later in the week. Meals during the time between move-in and the start of your meal plan are your responsibility.

**2 pm to 5 pm-**-Student Assistants, Drum Majors, Section Leaders, Guard Coach, Equipment Managers, Uniform Managers--Work Session--Brandt Music Hall Room 16

6 pm—Registration\*, Instrument\*\* Checkout, Locker\*\*\* Assignments—Brandt Main Lobby

4<sup>th</sup> year and above members.. 6:00 PM 3<sup>rd</sup> year members..... 6:30 PM 2<sup>nd</sup> year members..... 7:00 PM 1<sup>st</sup> year members..... 7:30 PM

\*Registration is required. This will be the time to complete any informational documents, size for your Band shirt (\$20—charged to your student account—have your SO# at Registration), and take care of any other necessary paperwork. Please find Medical Release Forms and Contact Forms at the end of this document. They must be completed by registration. Do those in ADVANCE in order to save time and hassle at registration.

\*\*University-issued instruments are charged a \$50 rental fee per semester. That fee will be charged to your student account after your instrument has been issued. Have your SO# at Registration. The following instruments may be rented from the university: Piccolo, Saxophone (very limited quantity & only tenors/baris), Mellophone, Baritone, Sousaphone, and Percussion/Mallets.

\*\*\*Lockers are available on the Mezzanine Level of Brandt Music Hall. The lockers are useful for storage and they also provide easy access to practice rooms found on the top floor of Brandt. If you choose to use a locker, you will be issued a lock (no personal locks allowed). There is a \$25 fee for locker rental that will be charged to your student account after your locker is assigned and the lock is issued. Have your SO# at Registration.

8:15 pm--Meeting of all 1<sup>st</sup> year members (ROOKIES) & Student Staff (Brandt Room 205)

#### August 18, Monday

9 am to Noon—Rehearsal #1 for ROOKIES ONLY/STUDENT STAFF (Brandt 205)

Noon to 1:30 pm--Lunch

1:30 to 2 pm—Meeting of all OLD-HEADS (returning members) & Student Staff (Brandt 205)

2:15 pm to 5 pm—Rehearsal #2 for EVERYONE –Auxiliaries & Music Rehearsal (Outside/Brandt 205)

5:00 pm to 7 pm—Dinner Break

7 pm to 9 pm-- Rehearsal #3 for EVERYONE (Outside/Brandt 205)

#### August 19, Tuesday

9 am to Noon—Rehearsal #4 for EVERYONE (Outside/Brandt 205)

Noon to 1:30 pm--Lunch

1:30 to 5 pm—Rehearsal #5 for EVERYONE (Outside/Brandt 205)

5 pm to 7 pm--Dinner Break

7 pm to 9 pm-- Rehearsal #6 for EVERYONE (Outside/Brandt 205)

#### August 20, Wednesday

**9 am to Noon**—Rehearsal #7 for EVERYONE (Outside/Brandt 205)

Noon to 1:30 pm--Lunch

1:30 pm to 5:00 pm—Rehearsal #8 for EVERYONE (Outside/Brandt 205)

5 pm to 7 pm--Dinner Break

7 pm to 9 pm-- Rehearsal #6 for EVERYONE (Outside/Brandt 205)

#### August 21, Thursday

9 am to Noon—Rehearsal #9 for EVERYONE (Outside/Brandt 205)

Noon to 1:30 pm—Lunch Break

1:30 pm to 5 pm—Rehearsal #10 for EVERYONE (Outside/Brandt 205)

#### August 22, Friday

6 pm to 9 pm—Rehearsal #11 for EVERYONE (Outside/Brandt 205)

#### August 23, Saturday

**10 am to Noon**—Rehearsal #12 for EVERYONE (Outside/Brandt 205)

Noon to 2 pm—Lunch Break

2 pm to 5 pm—Rehearsal #13 for EVERYONE (Outside/Brandt 205)

#### August 24, Sunday—No Rehearsal for the Marching Band

Wind Symphony/Orchestra auditions--River Campus CAC155

\*\*\*Audition material available PDF electronically\*\*\*
martincreynolds.weebly.com

The audition schedule is as follows:

Flute -- 3:30 pm

Oboe -- 3:15 pm

Bb Soprano Clarinet -- 2:00 pm

Low Clarinet -- 1:45 pm

Saxophone -- 1:15 pm

Bassoon -- 12:15 pm

Trumpet -- 11:00 am

French horn -- 11:45 am

Tenor Trombone -- 12:30 pm

Bass Trombone -- 1:00 pm

Euphonium -- 2:45 pm

Tuba -3:00 pm

Percussion -- 5:00 pm

String Bass -3:30 pm

#### August 25, Monday—Classes begin--Regular Rehearsal MWF--3:30 pm to 5:30 pm

The Marching Band WILL NOT rehearse on Friday, August 29.

The Marching Band WILL NOT rehearse on Monday, September 1 (university holiday).

The Marching Band WILL rehearse on Friday, October 17 (university holiday).

#### Performance Schedule (not complete or finalized!!)~

| <b>August 22—New Student Welcome Convocation</b>      | 9:00 am (Show Me CenterShow Band)  |
|---|------------------------------------|
| August 26—Athletic Dept Booster BBQ (SMC)             | evening (Show Me Center—Show Band) |
| August 28 (Thursday)—Southeast vs. MO Baptist         | 6 pm kick-off                      |
| September 20 (Saturday)—Southeast vs. SE Louisiana (  | (FW) 6 pm kick-off                 |
| October 4 (Saturday)—Southeast vs. Tennessee State (I | HC) 1 pm kick-off                  |
| October 18 (Saturday)—Southeast vs. Eastern Illinois  | 1 pm kick-off                      |
| November 15 (Saturday)—Southeast vs. Austin Peay      | 1 pm kick-off                      |
| November 22 (Saturday)—Southeast vs. Jacksonville St  | t. 1 pm kick-off                   |

FW—Family Weekend

**HC--Homecoming** 

All home football games include a game day rehearsal. Typically, but not always, this is 6 hours prior to kick-off. These rehearsals are in Houck Stadium. Your family and friends are invited to attend those rehearsals if they choose.

There is always a possibility that the REDHAWKS could be involved in post-season play. If so, the Marching Band is always subject to an extension of the season in order to support REDHAWK football. This could possibly involve participation on holiday weekends/dates. Possibilities and plans will be shared with the members as they develop and as I become aware of them. The entire Marching Band will be expected to participate.

### **EXTRA INFO**

#### <<u>SCHOLARSHIPS</u>>

Scholarships will be awarded to all participants in the 2014 Marching Band. Scholarships range from \$500 for 1<sup>st</sup> year members (ROOKIES) and upwards for returners (OLD-HEADS). Those scholarships will be paid approximately three (3) weeks into the semester. Those funds will show in your student account as "IBand Scholarship". You MUST be a full-time student and have a minimum of 2.0 GPA to in order to receive the award.

Make sure that you are enrolled in the Marching Band. If you are not enrolled, your scholarship cannot be awarded! If you are presently enrolled and are planning to NOT PARTICIPATE, please let me know ASAP. If you are presently NOT enrolled but are planning TO PARTICIPATE, please let me know ASAP. It is vital that I get a true picture of the total number of participating students now. Preparing music and writing drill is impossible without having correct information.

#### <SHIRTS, GLOVES AND SHOES>

Brass, Drum Majors, and Woodwinds will need a band shirt, solid black marching shoes, black long wrist gloves (a length to cover the gap between your gloves and gauntlets/end of sleeve, and solid black socks (they should be at least crew length—anklets or low rise socks are not acceptable). Your shirt will be ordered directly from the band and a \$20 fee will be charged to your student account for the shirt. The shirt will be worn for informal performances that do not require full uniform and it will be worn underneath your uniform coat as well. Section leaders will oversee the design of your section shirt as well as ordering and payment. Shoes and gloves can be purchased through Shivelbines in Cape (Phone: 573-334-5216 or 800-455-5216 or Email sales@shivelbinemusic.com ... speak with Tanesha).

Percussion will need a band shirt, solid black marching shoes, and solid black socks (they should be at least crew length—anklets or low rise socks are not acceptable). Your shirt will be ordered directly from the band and a \$20 fee will be charged to your student account for the shirt. The shirt will be worn for informal performances that do not require full uniform and it will be worn underneath your uniform coat as well. Section leaders will oversee the design of your section shirt as well as ordering and payment. Shoes and gloves can be purchased through Shivelbines in Cape (Phone: 573-334-5216 or 800-455-5216 or Email sales@shivelbinemusic.com ...speak with Tanesha).

Colorguard (check your email from Steph Vunck for details) will need a band shirt, black jazz pants, a long sleeve black dri-fit shirt, long sleeve white dri-fit shirt, and solid black guard shoes. Your shirt will be ordered directly from the band and a \$20 fee will be charged to your student account for the shirt. The shirt will be worn for informal performances that do not require full uniform. Section leaders will oversee the design of your section shirt as well as ordering and payment. Shoes can be purchased through Shivelbine in Cape (Phone: 573-334-5216 or 800-455-5216 or Email sales@shivelbinemusic.com ...speak with Tanesha).

#### <u>EVERYONE</u> -- !! IMPORTANT !!

Parking during Early Week follows the same rules/procedures/guidelines of the regular academic year. You will be ticketed accordingly.

To receive important Marching Band announcements once the semester begins, text this:
<a href="mailto:addreyno">addreyno</a> to 314-888-5409</a>

It will be very helpful if all members of the band had a red Southeast shirt of some sort. Not required but helpful in certain situations. Also, you are allowed to wear sunglasses, caps and visors in the stands during games. However, they must be those approved and ordered through the SE Marching Band. More info will be provided at Registration.

All woodwind/brass players will need a music lyre and flip folder for their instrument. Please make arrangements before arriving at campus. Shivelbine can assist you as well.

#### <DOWNLOADING MUSIC>

All sheet music is to be personally downloaded/printed. It will be available Friday, August 8. The website is semobandmusic.weebly.com and can be accessed by using the password SEMOBand1415. The part distribution list will be published on that site as well. For correct part assignments, please consult that list in order to download the correct music. The music will be in the form of PDF files. Music will not be passed out in rehearsal. It is your responsibility to download the music and have it in your flip folder for rehearsal.

#### <AUDITIONS>

Auditions for Wind Symphony and Orchestra will be held on August 24, Sunday, at the River Campus, CAC 155. Audition material is now available (martincreynolds.weebly.com). I encourage everyone (music majors and non-music majors) to participate in several music-making opportunities. So, AUDITION! What a great way to network with friends and faculty, but even better, what a FANTASTIC way to be creative, innovative, and expressive!

During one of our rehearsals prior to the first day of classes, section leaders will be listening to each section member to insure proper part assignments. Make sure that you don't show up with "summer chops"!

There is still plenty of room for more members in the Marching Band. Please tell your friends about participating in the Marching Band and have them contact me for further info. If you can make me aware of students that might be interested, I will pursue them as well.

More information will follow as further plans are developed. If you have further questions, please feel free to contact me at mreynolds@semo.edu or 573-651-2334.

This promises to be a GREAT season and everyone has a "part" to play in our success! I hope you will join us in making the Southeast Marching Band '14 a season to remember. I can't wait.......GO REDHAWKS!!

# **Southeast Marching Band** Fall 2014 - Contact Form

| Name                             |               | //         |      |     |
|----------------------------------|---------------|------------|------|-----|
| Name                             | Last          | Nicka      | name |     |
| Parent's/Guardian Name           |               |            |      |     |
| Home Address                     |               |            |      |     |
| Home City/ST/Zip                 |               |            |      |     |
| Home Phone # ()                  |               |            |      |     |
|                                  |               |            |      |     |
| Local Address                    |               |            |      |     |
| Local City/ST/Zip                |               |            |      |     |
| Your Cell Phone # ()             |               |            |      | □No |
| Your preferred email address     |               |            |      |     |
|                                  | Personal Info |            |      |     |
|                                  |               |            |      |     |
| S.O. #                           | Birthdate_    |            | /    |     |
| Instrument/Auxiliary Unit        |               | Shirt Size | e    |     |
| High School Attended             |               |            |      |     |
| University Major Field of Study_ |               |            |      | _   |
| Classification (FR. SO. IR. SR)  |               |            |      |     |

#### LIABILITY RELEASE AND LIMITED POWER OF ATTORNEY For

Participation in University-Sponsored

#### OFF CAMPUS ACTIVITIES AND FIELD TRIPS

#### Southeast Missouri State University Cape Girardeau, MO 63701

\_\_\_\_\_, the undersigned, in order to participate in Southeast

| Mi  | ssouri State University's course titled, do hereby state   |
|-----|--|
| an  | d agree as follows:  |
| 1.  | In consideration of being allowed to participate in the above described course or program offered by Southeast Missouri State University, I hereby agree to assume all risks and responsibilities surrounding my participation in this course or program and do hereby release and hold harmless Southeast Missouri State University, its Board members, agents, employees, volunteers, representatives, successors and assigns, both individually and in any capacity (hereinafter referred to as "Releasees"), from and agains any and all liabilities to me, my dependents, assigns, personal representatives, heirs, and next of kin, for any and all damages, expenses (including attorneys fees), claims, judgments, actions, or causes of action as a result of any damage, loss, or injury to person or property, including death, personal injury, pain and suffering, property damage, or contract claims, which I may sustain or suffer during, resulting from, in connection with, or arising out of this course or program, or during transportation to and from such course or program. THIS INCLUDES ANY DAMAGE, LOSS, OR INJURY THAT MAY BE CAUSED BY THE NEGLIGENCE OF THE RELEASEES. |
| Stı | ident Initials as to #1:   |
|     | I have voluntarily chosen to participate in the above course or program. I certify that I am in suitable health and capacity for enrollment or participation in this course or program.  |
|     | ident Initials as to #2:   |
| 3.  | This includes any losses or damages connected with or arising out of instruction, training, emergency care, or operations incidental to such programs, whether caused by the negligence of releasees or otherwise.   |
| Stı | ident Initials as to #3:   |
| 4.  | This release agreement shall be construed to be as comprehensive as is allowed by law.   |
| Stı | ident Initials as to #4:   |

5. In the event of injury or illness, I hereby authorize Southeast Missouri State University or any of its agents or representatives to authorize emergency medical treatment or to admit me to a facility for emergency medical treatment as may be deemed necessary to my health and welfare. I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release the Releasees, both individually and in any capacity, from any and all claims resulting from, in connection with, or arising out of the rendering of such emergency medical treatment or my admission to a facility for emergency medical treatment. I agree to be liable for any and all expenses incurred related to or arising from the acquisition of such medical treatment and for the treatment received.

| Student Initials | as to | #5: |  |
|------------------|-------|-----|--|
|------------------|-------|-----|--|

## Southeast Missouri State University TRAVEL COURSE/STUDY ABROAD MEDICAL INFORMATION FORM

Southeast Missouri State University requires that any student participating in a university-sponsored travel course or study abroad program must have medical insurance coverage. Please indicate below the details of your insurance coverage.

Additionally, students are advised to obtain supplemental coverage that will provide medical evacuation and repatriation coverage.

| NAME:   |   |   | _AGE;   |
|---|---|---|---|
| ADDRESS;  |   |   | .11001  |
| CITY OR TOWN:                                   |   | STATE:  | Zip:  |
| HEIGHT:   | Weight:                                 | Eyes:   | Zip;<br>Hair  |
| DATE OF BIRTH:                                  |   |   |   |
| INSURANCE PROVIDER:                             |   |   |   |
| POLICY NUMBER;                                  |   |   |   |
| PASSPORT NUMBER:                                |   |   |   |
| DATE AND PLACE OF ISS                           | UE:                                     |   |   |
| IN CASE OF EMERGE                               | ENCY, NOTIFY:                           |   |   |
| NAME:   | Rela                                    | TIONSHIP:   |   |
| ADDRESS:  |   |   | ,                           |
| CITY OR TOWN:                                   |   | STATE: ZIP:   |   |
| HOME PHONE:                                     |   | WORK PHONE:   |   |
| PHYSICIAN                                       |   | -   |   |
| NAME:   |   |   |   |
| ADDRESS:  |   |   |   |
| CITY OR TOWN:                                   |   | STATE:  | Zip:  |
| OFFICE PHONE:                                   |   | HOME PHONE:   | ZIP:  |
| HEALTH HISTORY (I                               | Please attach separat                   | e documentation as need                                 | led)  |
| should be brought to the<br>health?             | attention of the pro                    | impair your full particips<br>gram representatives in c | ation in this program or which<br>order to ensure your safety and |
| If you are using any me dosage and frequency of | dications, please namuse.               | e them, state your reason                               | ns for using them, and indicate                                   |
| Are you allergic to any o                       | f the following: (pleas                 |   |   |
| Insect hites/stings                             | * ** **, **, * **, ** *** *** *** *** * | _roous  |   |
| Other:  |   |   |   |
| Immunizations taken for                         | this trin                               |   | <del></del>   |

|  | _ |
|--|---|
| Please check with your physician to makes sure that all basic immunizations are up to date!  |   |
| By initialing below, I confirm that I have medical insurance coverage and that all of the information contained herein is true and accurate to the best of my knowledge. |   |
| Student Initials   |   |

#### Student Statement

In choosing to participate in this program, I understand, acknowledge and agree to the following:

While the group leader(s) will do everything reasonably possible before and during the trip to enrich my experience and to ensure my safety, ultimately I must accept responsibility for my own safety, welfare, and behavior.

| Student Initials:  |
|--|
| I agree to follow the policies, procedures, directions, instructions, and/or standards established for the conduct of the participants in this course or program or provided by any University staff member or representative for this course or program.  |
| Student Initials:  |
| I agree to comply at all times with Southeast's student code of conduct. I understand that violations of the student code of conduct or the policies, procedures, directions, instructions, and/or standards referenced above may subject me to University disciplinary action upon my return to campus, or dismissal from this program and responsibility for all expenses related to my escorted return to campus.   |
| Student Initials:  |
| I understand that, as a participant, I should always travel in groups of at least two individuals.   |
| Student Initials:  |
| I understand that I am required to attend Orientation sessions as a condition of participating in this program.  |
| Student Initials:  |
| I have completed the above information fully, completely, and truthfully. In case of emergency, I give my permission for the group leader(s) or a representative at a host institution to assist me, or if necessary to act on my behalf, either to seek medical care or to ensure my safety. I have read and understand this Release and voluntarily sign it. If I am under the age of 18, I understand that the signature of a parent or legal guardian is required. |
| Student Signature:   |
| Witness:   |
| Date:  |
|  |
| COMPLETE THIS SECTION IF STUDENT IS UNDER 18 YEARS OF AGE, IF STUDENT IS UNDER 18, PARENT SIGNATURE IS REQUIRED!   |
| Father's Name:   |
| Mother's Name:   |
| Signature of either parent:  |
| Date of Signature:   |
| (Endorsed by Administrative Council on April 27, 2010)   |