



L'ANSE CREUSE HIGH SCHOOL - NORTH
MARCHING CRUSADERS

lcnbandboosters@gmail.com • LCNbands.com

SAVE THE DATE!
MARCHING CRUSADER REGISTRATION DAY
Saturday, May 11 from 10am - 3pm

All students applying for the 2019/20 marching season are required to turn in paperwork and first payment on this date.

*ALL returning & new members are required to register on May 11
Paperwork and first payment will be collected on this day.*

Hello Marching Crusader and Welcome to the 2019 Season!

This packet includes your enrollment materials to register with the Marching Crusaders for the 2019/20 season. Please fill out all forms in this packet — signatures, spaces and copies completed before you arrive at Marching Crusader Registration Day. Use the checklist below to help.

A marching season calendar is enclosed. Please save these important dates now.

Practices are very important – and required. Be sure to discuss any special circumstances with your Directors, Mr. Griffith and Mr. Mety.

CHECK LIST

Complete the following & bring with you to Marching Crusader Day:

- | | |
|---|---|
| <input type="checkbox"/> Student Registration & Commitment Form | <input type="checkbox"/> Emergency Treatment Medical Form – NOTARIZED* |
| <input type="checkbox"/> 1st payment of \$160.00 | <input type="checkbox"/> Parent Authorization Release Form |
| <input type="checkbox"/> Photo of Student | <input type="checkbox"/> Daily & Prescription Medication Form |
| <input type="checkbox"/> Copy of BOTH sides of Insurance Card | <input type="checkbox"/> OTC Medication Form |
| <input type="checkbox"/> Copy of Student Immunization Record | <input type="checkbox"/> Ford Field Waiver |
| <input type="checkbox"/> Echo Grove (Camp) Waiver | |
| <input type="checkbox"/> Sports Physical** dated AFTER April 15, 2019...turn in when you get it!** | |

***PARENTS:** We can notarize for you at Marching Crusader Day, we will have a Notary present.
Bring your completed UNSIGNED form and photo ID to registration day.

****PHYSICAL:** A sports physical **dated After 15, 2019** is required BEFORE August practices & camp.
As soon as you get your NEW physical - please turn it in.

Marching Crusaders Student Registration & Commitment Form 2019/20

STUDENT INFORMATION - PLEASE PRINT

Applying for Marching Band Color Guard

Graduation Year 2020 2021 2022 2023 2024

STUDENT FIRST NAME _____ L'Anse Creuse Schools Student ID Number (lunch account #) _____

STUDENT LAST NAME _____ Birth Date _____

Address _____ Marching Instrument _____

City, State, Zip Code _____ Other Instrument (...besides band instrument? Piano? Guitar? Voice? Other?) _____

Student Cell Phone _____ Student's T-Shirt Size (Adult Sizes): S M L XL 2XL 3XL

Student Email Address _____

PARENT/GUARDIAN INFORMATION - PLEASE PRINT

MOTHER - FIRST NAME & LAST NAME _____ FATHER - FIRST NAME & LAST NAME _____

Mother's EMAIL Address _____ Father's EMAIL Address _____

Mother's Home Address _____ Father's Home Address _____

City, State, Zip Code _____ City, State, Zip Code _____

Mother's MAIN Phone Number: Cell Home _____ Father's MAIN Phone Number: Cell Home _____

Mother's Alternate Phone Number: Cell Work _____ Father's Alternate Phone Number: Cell Work _____

Please select at least 2 areas you can help with: Camp Chaperone Bus Chaperone Equipment/Pit Help Uniform Team Sewing MSBOA Festival Banquet Poker Kitchen/Concessions Nurse/First Aid Craft Shows Baking Meal Team Website & Advertising Sponsorship Program Committee Coordinator Fund Raiser Coordinator

MARCHING BAND FEES, REQUIRED FUNDRAISERS & REFUND POLICY

Marching Band/Colorguard Membership Fee: \$650

FEE INCLUDES: show theme t-shirt, camp fees & meals, (20) raffle tickets, use of uniform, lunch before competitions & snacks after, music & drill, instruction, transportation to/from competitions.

- May 11, 2019 \$160
- June 12, 2019..... \$160
- July 11, 2019 \$160
- August 5, 2019..... \$170
- August 5, 2019*raffle tickets due:
*sold, completed & turned in

REQUIRED FUNDRAISERS:

- 1. RAFFLE TICKETS:** membership fee includes \$100 in tickets. *All students are required to sell & return their raffle tickets.*
- 2. BOTTLE DRIVE:** ALL STUDENTS are required to participate in 2 Bottle & Can Drive scheduled for June 1, 2019 and September 7, 2019 *OR pay opt-out fee of \$35 per drive in-lieu of participating.*

OPTIONAL FUNDRAISERS:

Details for Optional Fundraisers will be shared throughout the year. These provide you with opportunities to earn

ALL MEMBERS SHOULD HAVE*:

- *as needed/determined by your section*
- marching band/color guard shoes (\$38)
- gloves (\$5) • tall black socks

CANCELLATION & REFUND POLICY:
Sorry - NO REFUNDS AFTER JUNE 1, 2019

PAYMENTS:

Check/Money Order payable to:
LCN Band Boosters
Credit Card payments use:
PayPal link on CharmsOffice.com

PARTICIPATION AGREEMENT & FINANCIAL COMMITMENT

By Signing this form, I (the student) agree to participate in the L'Anse Creuse High School-North Marching Crusaders 2019/20 season. I have been given a copy of the season schedule. I understand it is MY responsibility to attend ALL scheduled camps, practices/Super-Saturday practices, sectionals, parades & competitions. I will make every effort to arrive BEFORE practice begins - and be "ready to play" when practice starts. If I am unable to be at a scheduled practice/event, I will inform my Directors and Section Leader in advance. Important information, such as my account balance & schedule, can be found at **www.CharmsOffice.com**. I understand that this extra-curricular activity requires monetary support, and agree to pay the fees in full by August 5, 2019, as outlined above. I understand the refund/cancellation policy. I am aware there are two required participation fundraisers: 1) selling \$100 in raffle tickets as part of my membership fee, 2) participation in the bottle & can drives scheduled for June 1 and September 7. In good faith, I will make every effort to represent the Marching Crusaders proudly - on and off the field - as a student representative for L'Anse Creuse High School-North.

Student Signature _____ Student PRINTED Name _____ Date _____

As the Parent/Guardian of the student named above, I have read this Commitment Form. I agree to support and encourage my student and assist them with being on time to required functions. I agree to the financial commitment indicated above and understand the cancellation policy; as well as the required fundraisers. I will access my student's account info at **www.CharmsOffice.com**. I understand that this is a very active program with many opportunities to help. When and where possible, I will volunteer; offering time, talent and resources to support my student and help the students and band program to grow.

Parent/Guardian Signature _____ Parent/Guardian PRINTED Name _____ Date _____

Please be sure to include with this form:

current student photo

copy of students Immunization Record

copy BOTH sides of insurance card

signed & sealed before a Notary Public

**ATTACH
CURRENT
PHOTO
OF STUDENT**

EMERGENCY MEDICAL TREATMENT FORM 2019

Student Name (first, middle, last) _____

Street Address _____

City/State/Zip _____

PARENT/LEGAL GUARDIAN INFORMATION:

Mother/Guardian _____ Father/Guardian _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

IF PARENTS/GUARDIANS CANNOT BE CONTACTED, PLEASE CONTACT:

Name _____ Relationship _____

Street Address _____ City/State/Zip _____

Cell Phone _____ Home Phone _____

INSURANCE INFORMATION (Blue Cross, PPO, HMO, Other) attached

copy BOTH sides of Insurance card

Policy Holder's Name _____ Insurance Company _____

Group No. _____ Service Code _____

Contract # _____ Policy Holder's Employer _____

MEDICAL INFORMATION

Date of last Tetanus shot: _____ Special Dietary Needs? _____

Primary Care Physician _____ Physician Phone _____

List allergies (Food / Medication) _____

Medical condition or medical history that should be known to medical staff: _____

Diabetic? How often is blood sugar monitored? _____ list
insulin _____

IMPORTANT: this section must be completed in the presence of a Notary Public. Do not sign ahead of time.

Medical Treatment/Disciplinary Release: If the parents and authorized physician named cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of school authorities, I authorize that my son/daughter be taken to the hospital for emergency medical treatment.

Parent Signature _____

Date _____

Notary Public Signature _____

Date _____

Notary Public: place seal in space above

***State Requirement: All students must turn in this form – even if they do not use ANY daily medication.**

STUDENT DAILY & PRESCRIPTION MEDICATION FORM 2019

Student Name _____

Under certain conditions, as a service to you and for the welfare of your child, school personnel may agree to honor parent requests for the administration of necessary prescribed medication to students.

Please complete the chart for each medication the student named above is currently taking. Include BOTH prescription and non-prescription medication. Instructions must be the same as on the medicine container.

Medication	Condition	Prescription (P) Non-Prescription(N)	Breakfast	Lunch	Dinner	Bedtime	Special Instructions
<i>Example: Allegra</i>	<i>Allergies</i>	<i>Prescription</i>	<i>1 Tab-10mg</i>			<i>1 Tab-10mg</i>	

Upon arrival to camp, check-in all listed medications with the health officer. Pick up medications at the end of camp.

PRESCRIPTION MEDICATION(S): must be in the original container, clearly labeled, and indicate the following information: student's name, prescription number, medication name, dosage, date issued, doctor's name, pharmacy name, address, and phone number.

OVER-THE-COUNTER-MEDICATION(S) that are taken on a daily basis: a dose schedule signed by the physician must be attached to this health form.

A nurse will be on site at all times while at Echo Grove. I understand all medications will be located in the Nurse's Station at Echo Grove unless indicated otherwise in the special instructions above. ***I understand that it is the responsibility of my child to report to the Nurse's Station for his/her medication.*** I further understand that it is my responsibility to notify Mr. Griffith or his designee of any change or discontinuation of the medication.

I hereby authorize L'Anse Creuse High School North medical personnel or designee the right to administer medications as identified above on the following dates: August 18 – 23, 2019

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

MICHIGAN: ACT NO. 432 of the Public Acts of 1978 (Section 380.2278 of the Compiles Laws of 1970) Section 1178 - A school administrator, teacher, or other school employee designated by the school administrator who is in good faith administers medication to a pupil in the presence of another adult pursuant to written permission of the pupil's parents or guardian and in compliance with the instructions of a physician is not liable if any criminal action or for civil damages as a result of administering except for an act or omissions amounting to gross negligence or willful and wanton misconduct.

OVER THE COUNTER MEDICATION AUTHORIZATION FORM 2019

Name of Student _____ Date of Birth _____

School: L'Anse Creuse High School North Grade _____

Over-the-Counter Medication Parent Permission:

As required by state law, **please initial each medication** you will allow medical staff to administer to your student, per package instructions, as needed.

_____ Tylenol _____ Bendadryl _____ Calamine Lotion
_____ Ibuprofen (Advil/Motrin) _____ Neosporin _____ Solarcaine spray (for sunburn)
_____ Pepto Bismol _____ Hydrocortisone cream _____ Sore throat spray/lozenges
_____ Benadryl _____ Ipecac Syrup (for poisoning)

I hereby authorize L'Anse Creuse High School North medical personnel or designee the right to administer emergency first aid and/or over the counter medications or generic equivalent included in the list above on the following dates: August 18 – 23, 2019

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

MEDICATION LOG - EMERGENCY FIRST-AID AND/OR OVER-THE-COUNTER MEDICATIONS *(Log to be completed as necessary, please leave blank)*

MEDICATION	DATE	TIME	INITIALS

PARENT RELEASE & AUTHORIZATION - LCN BAND CAMP 2019

AUTHORIZATIONS FOR RELEASE:

My child, _____ has permission to engage in all prescribed camp activities, except as noted by me or an examining physician.

In case of injury, parents or the emergency contact person will be called immediately for their decision on medical treatment.

If parents or the emergency contact person is not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. The camp or LCN Bands will not be responsible for any costs incurred as a result of illness or injury. Parents should notify camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in anyway by the group leadership.

I understand my child may be participating in camp activities that may include boating, swimming, and hayride. I understand that there may be inherent risks in these activities.

If my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by the group leadership.

I also give my permission for my child to be photographed or videotaped and allow LCN Bands to release said pictures for publicity purposes.

In the event that I am not able to pick up my child, she/he may be release only to the following people:

Name & Phone Number _____

Name & Phone Number _____

Name & Phone Number _____

Signed _____ Date _____

Printed Name _____ Relationship _____

The Salvation Army Echo Grove Camp & Retreat Center
Individual Participant Assumption of Risk and Waiver Agreement

Print Name of Participant

Name of Group/Corps

Print Name of Parent/Guardian if participant under 18 years of age

Date of Event

Address

Home Phone

City, State, Zip

Cell Phone

Participation at Echo Grove Camp & Retreat Center may involve a variety of high adventure activities, including but not limited to the activities of hiking, warm-ups, games, group initiatives, low and high ropes course climbing elements, target practice, team competitions, aquatic activities, winter tubing/sledding, possibly other rigorous physical adventure activities.

I understand that I will be participating in activities that involve periods of physical exertion, balancing, heights, lifting, paddling, swimming, pushing, pulling, sliding, climbing, target shooting, marking, and exposure to paint ball pellets. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals, and possible exposure to extreme or inclement weather.

I understand that there is risk of bodily and/or psychological injury, including a potential for permanent disability or death, resulting from any participation in the programs and/or from the equipment involved in my participation. I understand that the risks also include loss or damage to personal property. I freely assume all such risks, both known and unknown, and assume full responsibility for my participation. I understand that I will be thoroughly informed of the rules of participation, including all safety related rules, and agree to fully comply with them during my participation.

I understand that all possible precautions are taken to insure that all programs and activities sponsored by Echo Grove Camp & Retreat Center are conducted by mature and qualified personnel in a safe and responsible manner.

I understand that my participation in programs offered by Echo Grove Camp & Retreat Center is based on the Participation is Voluntary philosophy. At all times I will choose my level of participation in any activity. I agree to exercise good personal judgment, to ask for help if concerned about my safety, and to be responsible for deciding if a proposed activity is appropriate for me.

I have informed the Echo Grove Camp & Retreat Center of any physical, mental, or medical condition that might affect my ability to participate or affect other members in my group. I realize that failure to provide such information could result in serious harm to myself, my child or others. I also state that I am not under the influence of any chemical substance, including alcohol.

I certify that I am physically fit, and do not suffer from any injury, defect, ailment, illness or the like which could conceivably lead to injury or death from participation at Echo Grove Camp & Retreat Center.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin shall indemnify, defend and hold harmless The Salvation Army, an Illinois Corporation, its officers, employees, agents, and associates and Echo Grove Camp & Retreat Center, its employees, agents, and associates, for accidents, injury, death, loss or damage to property that might occur during participation at Echo Grove Camp & Retreat Center.

By signing this waiver I indicate that I have read and understand all materials outlining the program participation for myself, including this waiver and agree to abide by these terms. I am aware that this is a waiver and a release of liability, and I sign it voluntarily.

This Participant Assumption of Risk and Waiver Agreement shall continue until revoked by the undersigned, or for twelve (12) months after its date, whichever is earlier.

Signature of Participant

Date

I represent that I am the parent or legal guardian, that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further express that I have read (or have had read to me) and understand the terms of this agreement.

Signature of Parent/Guardian if under 18 years old.

Date

AGREEMENT AND RELEASE OF ALL CLAIMS – MINOR PARTICIPANT

In consideration for the granting of permission for Jack Spratt (“Minor”) to participate in activities being conducted at the premises known as Ford Field for the purpose of the:

MICHIGAN COMPETING BAND COMPETITION on November 2, 2019 (the “Activities”)

The undersigned (“You”), being of lawful age, on behalf of You and the Minor and for Your and his or her heirs, personal representatives, assigns and anyone claiming through You/him/her, **release and forever discharge** all participating groups and other persons, including Ford Field Management, LLC, Ford Field Condominium Association, DLI Properties, LLC, DLI Properties, Inc., DLI Parking, LLC, DLI Office Realty, LLC, DLI Entertainment, LLC, DLI Parking Realty, LLC, The Detroit Lions, Inc., Detroit Lions Charities, Detroit Lions Properties, , S.A.F.E. Management, LLC, the City of Detroit and its Downtown Detroit Development Authority, the Detroit/Wayne County Stadium Authority, Wayne County and their respective officers, directors, board members, employees, councilpersons, contractors, and agents (all of the foregoing being collectively referred to as the “Released Parties”), from any and all claims, damages and costs (“Claims”) related in any way to the Activities and/or the Released Parties’ negligence, including, without limitation, any bodily and personal injuries and/or property damage, however caused, to the fullest extent of the law.

You **expressly release and forever discharge** the Released Parties from all Claims arising from or in any way related to such Minor’s participation in the Activities. To the extent such waiver and release is unenforceable, You **agree to indemnify and hold the Released Parties harmless** from and against any Claim (including reasonable costs and attorney fees) against the Released Parties for all liability with respect to such Claims. You further warrant that You are the parent or legal guardian of the Minor and have full power and authority to execute this Agreement on his or her behalf.

You **agree not to sue** any of the Released Parties for any matter released under this Agreement and Release of All Claims (“Agreement”) as set forth above and to pay the Released Parties’ attorneys’ fees and costs resulting from a breach of this Agreement by You. You agree that if (i) anyone else sues any of the Released Parties related to your actions while You are on the premises at Ford Field, or (ii) You or any other party brings an action on behalf of a minor child or person accompanying You at the Activities, You will defend, indemnify and hold harmless the Released Parties against all damages, costs and their attorneys’ fees.

You acknowledge that (a) no promise, inducement or agreement not herein expressed has been made to You; (b) this Agreement contains the entire agreement between the parties hereto; (c) this Agreement may not be modified, except in a written instrument signed by an authorized representative of the Released Parties; and (d) if any portion of this Agreement is held invalid, the balance shall continue in full force and effect.

READ THIS AGREEMENT AND RELEASE OF ALL CLAIMS BEFORE SIGNING,

Mary Spratt

Signature

Mary Spratt

Print Name

Date: 7/28/19

AGREEMENT AND RELEASE OF ALL CLAIMS – MINOR PARTICIPANT

In consideration for the granting of permission for _____ (“Minor”) to participate in activities being conducted at the premises known as Ford Field for the purpose of the:

MICHIGAN COMPETING BAND COMPETITION on November 2, 2019 (the “Activities”)

The undersigned (“You”), being of lawful age, on behalf of You and the Minor and for Your and his or her heirs, personal representatives, assigns and anyone claiming through You/him/her, **release and forever discharge** all participating groups and other persons, including Ford Field Management, LLC, Ford Field Condominium Association, DLI Properties, LLC, DLI Properties, Inc., DLI Parking, LLC, DLI Office Realty, LLC, DLI Entertainment, LLC, DLI Parking Realty, LLC, The Detroit Lions, Inc., Detroit Lions Charities, Detroit Lions Properties, , S.A.F.E. Management, LLC, the City of Detroit and its Downtown Detroit Development Authority, the Detroit/Wayne County Stadium Authority, Wayne County and their respective officers, directors, board members, employees, councilpersons, contractors, and agents (all of the foregoing being collectively referred to as the “Released Parties”), from any and all claims, damages and costs (“Claims”) related in any way to the Activities and/or the Released Parties’ negligence, including, without limitation, any bodily and personal injuries and/or property damage, however caused, to the fullest extent of the law.

You **expressly release and forever discharge** the Released Parties from all Claims arising from or in any way related to such Minor’s participation in the Activities. To the extent such waiver and release is unenforceable, You **agree to indemnify and hold the Released Parties harmless** from and against any Claim (including reasonable costs and attorney fees) against the Released Parties for all liability with respect to such Claims. You further warrant that You are the parent or legal guardian of the Minor and have full power and authority to execute this Agreement on his or her behalf.

You **agree not to sue** any of the Released Parties for any matter released under this Agreement and Release of All Claims (“Agreement”) as set forth above and to pay the Released Parties’ attorneys’ fees and costs resulting from a breach of this Agreement by You. You agree that if (i) anyone else sues any of the Released Parties related to your actions while You are on the premises at Ford Field, or (ii) You or any other party brings an action on behalf of a minor child or person accompanying You at the Activities, You will defend, indemnify and hold harmless the Released Parties against all damages, costs and their attorneys’ fees.

You acknowledge that (a) no promise, inducement or agreement not herein expressed has been made to You; (b) this Agreement contains the entire agreement between the parties hereto; (c) this Agreement may not be modified, except in a written instrument signed by an authorized representative of the Released Parties; and (d) if any portion of this Agreement is held invalid, the balance shall continue in full force and effect.

READ THIS AGREEMENT AND RELEASE OF ALL CLAIMS BEFORE SIGNING,

Signature

Print Name

Date: _____

2019 (v 3.0)							
May	June	July	August	September	October	November	
1 We	1 Sa *BOTTLE DRIVE 10-3	1 Mo	1 Th Parent Meeting 7	1 Su	1 Tu	1 Fr	
2 Th	2 Su	2 Tu	2 Fr	2 Mo Labor Day	2 We Practice 5:30-9:10p	2 Sa MCBA State Finals	
3 Fr	3 Mo	3 We	3 Sa	3 Tu SCHOOL BEGINS!	3 Th	3 Su	
4 Sa	4 Tu	4 Th Independence Day	4 Su	4 We Practice 5:30-9:10p	4 Fr Football (4:30) @LCN vs. (Homecoming)	4 Mo	
5 Su	5 We	5 Fr	5 Mo Mini Precamp @LCN 1-8pm	5 Th Practice 5:30-9:10p	5 Sa	5 Tu	
6 Mo	6 Th	6 Sa	6 Tu Mini Precamp @LCN 1-8pm	6 Fr	6 Su	6 We	
7 Tu Spring Practice 6-8	7 Fr	7 Su	7 We Mini Precamp @LCN 1-8pm	7 Sa *BOTTLE DRIVE 10-3 & Saturday Practice 5-8	7 Mo Practice 5:30-9:10p	7 Th	
8 We	8 Sa	8 Mo Practice 5:30-9:10p	8 Th	8 Su	8 Tu	8 Fr Spaghetti Dinner & Marching	
9 Th	9 Su	9 Tu	9 Fr	9 Mo Practice 5:30-9:10p	9 We Practice 5:30-9:10p	9 Sa	
10 Fr	10 Mo	10 We Practice 5:30-9:10p	10 Sa Jimmy John's Game	10 Tu	10 Th	10 Su	
11 Sa Registration Day 10am-3pm	11 Tu	11 Th	11 Su	11 We Practice 5:30-9:10p	11 Fr	11 Mo Veterans Day	
12 Su	12 We	12 Fr	12 Mo Precamp @LCN 1-8pm	12 Th	12 Sa Practice 9am-9pm	12 Tu	
13 Mo	13 Th	13 Sa	13 Tu Precamp @LCN 1-8pm	13 Fr Football (4:30) @LCN vs.	13 Su	13 We	
14 Tu Marching Band Meeting 7pm	14 Fr	14 Su	14 We Precamp @LCN 1-8pm	14 Sa	14 Mo Practice 5:30-9:10p	14 Th	
15 We	15 Sa	15 Mo Practice 5:30-9:10p	15 Th Precamp @LCN 1-8pm	15 Su	15 Tu MSBOA Marching Festival	15 Fr	
16 Th	16 Su	16 Tu	16 Fr Precamp @LCN 1-8pm	16 Mo Practice 5:30-9:10p	16 We Practice 5:30-9:10p	16 Sa Mt. Clemens Parade	
17 Fr	17 Mo	17 We Practice 5:30-9:10p	17 Sa	17 Tu	17 Th Parent Meeting 7	17 Su	
18 Sa	18 Tu	18 Th Parent Meeting 7	18 Su Echo Grove Camp	18 We Practice 5:30-9:10p	18 Fr	18 Mo	
19 Su	19 We	19 Fr	19 Mo Echo Grove Camp	19 Th Parent Meeting 7	19 Sa MCBA Competition (Clarkston)	19 Tu	
20 Mo Spring Practice 6-8	20 Th	20 Sa	20 Tu Echo Grove Camp	20 Fr	20 Su	20 We	
21 Tu	21 Fr	21 Su	21 We Echo Grove Camp	21 Sa Practice 9am-9pm	21 Mo Practice 5:30-9:10p	21 Th Parent Meeting 7	
22 We	22 Sa	22 Mo Practice 5:30-9:10p	22 Th Echo Grove Camp	22 Su	22 Tu	22 Fr	
23 Th	23 Su	23 Tu	23 Fr Echo Grove Camp	23 Mo Practice 5:30-9:10p	23 We Practice 5:30-9:10p	23 Sa	
24 Fr	24 Mo	24 We Practice 5:30-9:10p	24 Sa	24 Tu	24 Th	24 Su	
25 Sa	25 Tu	25 Th	25 Su	25 We Practice 5:30-9:10p	25 Fr Football (4:30) @LCN vs. (middle school night)	25 Mo	
26 Su	26 We	26 Fr	26 Mo	26 Th	26 Sa MCBA Competition (Plymouth)	26 Tu	
27 Mo Memorial Day	27 Th	27 Sa	27 Tu Practice 5:30-9:10p	27 Fr Football (4:30) @LCN vs.	27 Su	27 We	
28 Tu	28 Fr	28 Su	28 We Practice 5:30-9:10p	28 Sa MCBA Competition (Lamphere)	28 Mo Practice 5:30-9:10p	28 Th Thanksgiving Day	
29 We	30 Sa	29 Mo Practice 5:30-9:10p	29 Th	29 Su	29 Tu	29 Fr	
30 Th	31 Su	30 Tu	30 Fr	30 Mo Practice 5:30-9:10p	30 We Practice 5:30-9:10p	30 Sa	
31 Fr		31 We Practice 5:30-9:10p	31 Sa		31 Th		

USING CHARMS

Once registered with the band, your student account information, can be found at

www.charmsoffice.com

Click: ENTER/LOGIN and type our school code:

LCNorthHSB

- your password is your student id number
(or try your student id number followed by the first three letters of your last name no spaces, all lower case)

Why do I need Charms?

All important information can be found here:
calendar, your child's financial account (including fundraising credits),
music, marching drill, forms due, and more.

MAKING PAYMENTS WITH PAYPAL

As a convenience to you, you can make credit or debit card payments to the band using PayPal. Please be aware PayPal automatically adds a 3% surcharge for usage. This fee shows up as "3% donation".

1. Log-in to Charms and select "FINANCES" to view your students account
2. Choose "Make a Miscellaneous Payment" PayPal window will appear.
3. Add an amount and what the payment is for.
Click START PAYMENT button.
 - It will then direct you to your PayPal account*
 - amount charged is the payment due plus the additional 3%*note if you do not have a PayPal account, it will direct you to create one.
4. Once the transaction is complete, you will receive an email confirmation of your payment. Payment will also appear in your child's account in Charms.

KROGER COMMUNITY REWARDS

By registering your Kroger card (and your family & friends Kroger cards) you can help the band earn money with the Kroger Community Rewards Program. To do this, you need to register your card online.

NOTE: this process needs to be renewed once-per-year.

1. go to www.KrogerCommunityRewards.com
2. **CREATE AN ACCOUNT** (enter your email and password)
3. **Select a store location near you**
4. **Kroger will email you an activation link...check your email and click the link**
5. **Log-in to the account you just created**
6. **Click EDIT KROGER COMMUNITY REWARDS INFORMATION**
7. **Enter your Kroger Plus Card number and ADD CARD**
8. **Enter our NPO number: TY146 and click CONFIRM or UPDATE**

That's it! If you will please take five minutes to complete this process it is a very easy way to help the band earn much needed funds - and it doesn't cost you anything - just continue your grocery shopping as usual.

TIP: to verify that you are enrolled correctly you will see our name (L'Anse Creuse High School North Band Boosters) at the bottom of your receipt

AMAZON SMILE

Do you shop at Amazon.com? Did you know you can help the band earn money? They will donate a percentage of qualifying purchases to our organization

1. Go to: www.Smile.Amazon.com
2. Log-in to your Amazon account with your user name & password
3. Next choose our organization from the list:
L'Anse Creuse High School North Band Boosters
4. Shop as usual.

TIP: Be sure to bookmark this website - - if you don't log-in through www.Smile.Amazon.com, it doesn't count. Be sure to ask your family & friends who shop with Amazon to help out too.