

Vivace & Chamber Strings @
Homestead High School Orchestra Festival

*Homestead High School
21370 Homestead Road
Cupertino, CA 95014*

Saturday, February 8, 2013

The Homestead High School Orchestra Festival is almost here! This is a great time to make sure that all students have their orchestra uniform ready to go - professionalism in dress, behavior and performance is the default expectation with the hope of exceeding that baseline.

Essentials:

Uniform

We are performing in our full orchestra uniform all black including shirt, pants, belt, socks and shoes.

All should be formal i.e. no tennis shoes, jeans, etc.

Don't forget your instrument!

Music should be in order in a binder. Everyone should bring his/her binder.

It is always a good idea to have an extra set of strings and rosin.

Arrive at Homestead HS @ 11:30am

Student pick up at @ 3:40pm

This includes warm-up, festival-required audience viewership, performance and clinic.

We're looking forward to a great day!

Please return the following field trip form by Tuesday, January 28.

2014 Homestead Orchestra Festival, February 7 & 8, 2014

Friday Afternoon

Group Name	Conductor	Arrive	Audience	Warm up	Perform	Clinic	Picture	Audience	Depart
Saratoga Freshman Orchestra	M. Boitz	2:45		3:00	3:25	3:50	4:15	4:40	6:45
Lynbrook HS Orchestra	M. Pakaluk	3:00	3:25	3:25	3:50	4:15	4:40	5:05	6:45
Saratoga String Orchestra	J. Pwu	3:00	3:25	3:50	4:15	4:40	5:05	5:30	6:45
Northgate HS Orchestra	G. Brown	3:00	3:25	4:15	4:40	5:05	5:30	5:55	6:45
Saratoga Strings	M. Boitz	3:00	3:25	4:40	5:05	5:30	5:55	6:05	6:45
GUEST ARTIST CONCERT: SIMPLY THREE									
Friday Evening									
Los Gatos HS String Orchestra	C. Marra & M. Riley	5:30	5:45	6:15	6:45	7:10	7:35	8:00	8:50
Sunnyvale MS Orchestra	K. Schieberl	5:30	5:45	6:45	7:10	7:35	8:00	8:25	8:50
Saratoga Philharmonic Orchestr	M. Boitz	5:30	5:45	7:10	7:35	8:00	8:25	8:50	8:50
Hopkins JH Orchestra	G. Conway	5:30	5:45	7:35	8:00	8:25	8:50	9:15	9:15
Los Gatos HS Chamber Orchestr	C. Marra & M. Riley	5:30	5:45	8:00	8:25	8:50	9:15	9:40	9:40

Saturday Morning

Group Name	Conductor	Arrive	Audience	Warm up	Perform	Clinic	Picture	Audience	Depart
Castellero MS Avant	S. Krijnen	8:45		9:00	9:25	9:50	10:15	10:40	12:45
Prospect HS	C. Ancheta	9:00	9:25	9:25	9:50	10:15	10:40	11:05	12:45
Enoch HS	P. Vallejo	9:00	9:25	9:50	10:15	10:40	11:05	11:30	12:45
Homestead String Orchestra	J. Burn	9:00	9:25	10:15	10:40	11:05	11:30	11:55	12:45
Castillero MS Chamber	S. Krijnen	9:00	9:25	10:40	11:05	11:30	11:55	12:05	12:45
GUEST ARTIST CONCERT: SIMPLY THREE									
Saturday Afternoon									
Redwood MS 1	S. Krijnen	11:30	11:45	12:15	12:45	1:10	1:35	2:00	2:50
Clovis West HS	J. Lack	11:30	11:45	12:45	1:10	1:35	2:00	2:25	2:50
Fremont HS Orchestra	J. Kelly	11:30	11:45	1:10	1:35	2:00	2:25	2:50	2:50
Homestead Chamber Orchestra	J. Burn	11:30	11:45	1:35	2:00	2:25	2:50	3:15	3:15
Redwood MS 2	S. Krijnen	11:30	11:45	2:00	2:25	2:50	3:15	3:40	3:40



SARATOGA UNION
SCHOOL DISTRICT

REDWOOD MIDDLE SCHOOL FIELD TRIP AUTHORIZATION

PLEASE RETURN THIS FORM BY:

1/28/14

Date: 2/8/14

To: Homestead High School Orchestra Festival

Departure Time: meet at site @ 11:30 AM

Phone #: (408) 867-3042 x 151

Return Time: pick up students @ 3:40 PM

By: Private Car Bus Other _____

Admission/fee due: \$ _____
 No charge

Lunch: Bring a lunch
 Bring lunch money

Special Instructions: See festival schedule for more information.

Relation of field trip to classroom instruction: Adjudication, evaluation and performance of music rehearsed in class.

PARENT/GUARDIAN NAME:

Please complete and return this authorization form

Student's Name: _____

Teacher: Krijnen/Jow

has my permission to participate in the above mentioned field trip.

I hold the District, its agents, volunteers and employees harmless from liability/claims which may arise in connection with my child's participation in this activity. (Ed. Code 35330)

Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Daytime Phone: (Primary): () _____ (Secondary): () _____

Parent/Guardian Daytime Phone: (Primary): () _____ (Secondary): () _____

MEDICAL AUTHORIZATION:

In the event of any emergency requiring medical assistance, the school will attempt to contact the parent immediately; however, should family contact not be possible, we ask for your consent to act on your behalf to protect the safety and welfare of your child.

I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and/or 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 medical staff or the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature: _____ Date: ___/___/___

Medical insurance carrier: _____ Policy # _____

Address: _____