**Broken Arrow Middle School Honors Orchestra (BAMSHO)**

BAMSHO will meet in the **BA Freshman Academy band room** from **6:00-7:30pm** on 2/23, 3/2, 3/9, 3/23, 3/30, 4/6, 4/13, 4/20, 4/27.

The BAMSHO concert will be on **May 6** at the **BA Performing Arts Center** at **7:00pm** (students will need to arrive earlier to tune and warm up).

Students are responsible for bringing their instruments, music, and other necessary supplies to each rehearsal. BAMSHO will be directed by Kim Ricard and assisted by members of the High School chamber Orchestra.

Tuition for BAMSHO is $30 per student (**checks payable** to “BAHS Orchestra”). This fee will cover sheet music expenses and the cost of one T-shirt. This form may be submitted online or you may turn in a paper copy to the student’s director by February 8, 2021. Payment is due at the first rehearsal.

Please circle what size T-shirt you will need below:

**Kids:** Small Medium Large **Adult:** Small Medium Large Extra Large XX Large XXXLarge

My student, (**Name**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

Instrument you play: (Circle one) Violin Viola Cello Bass

Middle School Attending: (Circle one) CMS ECMS OMS ORMS SMS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has permission to participate in **Broken Arrow Middle School Honors Orchestra** at the **BA Freshman Academy and BA Performing Arts Center**. Sponsored by **Kim Ricard** at a cost of **$30.00** per student.

Parent/Guardian/First contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian/Second contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any chronic or significant health problems, or any physical limitations that should be considered for this activity?

Yes\_\_\_\_ No\_\_\_\_ If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_