



POINT GREY SECONDARY SCHOOL MUSIC DEPARTMENT

5350 East Boulevard
Vancouver, B.C. V6M 3V2
Telephone: (604) 713-8220 Fax: (604) 713-8218

TO: All Symphonic Band, Senior Concert Choir, Senior String students, and their parents or guardians

RE: Senior Retreat to Loon Lake Permission Form

Point Grey's Fall Music Retreat is happening from September 29 to October 1 at Loon Lake Camp. We will leave at the end of school on Friday and return in the late afternoon on Sunday. We will spend the two days there in instrumental and vocal clinics with professional musicians and guest conductors.

The tentative itinerary is as follows:

Friday, September 29

3:45 p.m.	Depart for Loon Lake
6:00 p.m.	Arrive and Check in.
6:30-7:30 p.m.	Dinner (provided)
8:00 p.m.	Evening Activity

Saturday, September 30

8:00 a.m.	Breakfast
10:00 – 11:45 p.m.	Instrumental/ Vocal clinics
12:00 – 1:30 p.m.	Lunch
1:45 – 3:15 p.m.	Instrumental/Vocal sectionals
4:45 – 6:15 p.m.	Dinner
7:00 p.m.	Evening rehearsal/activity

Sunday, October 1

8:00 – 9:00 a.m.	Breakfast
9:30 – 11:30 a.m.	Instrumental/ Vocal clinics
12:00 – 1:30 p.m.	Lunch and check out
2:00 p.m.	Depart for Point Grey

The cost for the retreat will be \$375.00 Students must return the attached permission form along with a cheque or cash by **Tuesday, September 12**. Cheques should be payable to the **Point Grey Secondary**.

Travel to and from Loon Lake and all meals are included. In order for us to finalize the arrangements we have made, we need a firm commitment. Please make sure that your son or daughter returns the permission form and cheque by the deadline. If you have any questions, please email btaylor@pointgreymusic.com or call the school at (604)713-8220

Sincerely,

Brent Taylor

Stephen Fleming

Ann Chen

Point Grey Music Department

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Return this form together with \$375 (cheque or cash)

I give my permission for _____
(student's name)

to participate in the Point Grey Fall Retreat from September 29 to October 1, 2016.

_____ date _____ signature of parent/guardian

MEDICAL INFORMATION

DIETARY INFO - Please indicate any special menu items or dietary restrictions.

Emergency contacts (please provide two if possible):

1) Name: _____ Relation: _____

Daytime phone: _____ Other phone: _____

2) Name: _____ Relation: _____

Daytime phone: _____ Other phone: _____