

TYSA Brass Choir Run-out Concert

*Eastside Community Center
Performance by TYSA Brass Choir*

Saturday, April 22, 2023

12:45-2:00 p.m.

**Eastside Community Center
1721 E 56th St, Tacoma, WA 98404**

Schedule for April 22 nd , 2023
12:45 p.m. Meet Ms. Ward outside, in front Eastside Community Center for a short sound check
1:00 p.m. Eastside Community Center Performance (outside)
1:45 p.m. Performance Ends

Attire: TYSA Concert Dress.

Bring a jacket!

Please Review Before April 22 nd , 2023	
Brass Choir Run-out Checklist	
	Instrument
	Instrument Accessories
	Music
	Folding music stand
	Concert dress
	Black shoes

Questions: Contact Mr. Tommy
Hawthorne
education@tysamusic.org

**Permission Slips are due back in the
TYSA Office by
Saturday, April 8, 2023.**



TYSA Brass Choir – *TYSA Brass Choir Run-out*
Saturday, April 22, 2023

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TACOMA YOUTH SYMPHONY ASSOCIATION PERMISSION SLIP

STUDENT SECTION: You are expected to accept and conform to all regulations governing this activity and must sign below, indicating your agreement to the following:

As a student participating in the Tacoma Youth Symphony Association (TYSA) *TYSA Brass Choir Run-out*, I agree to abide by the rules governing this activity and to cooperate with the sponsor and authorities at all times. I agree not to use or possess tobacco, alcoholic beverages, controlled substances, unauthorized drugs, or to go out-of-bounds without permission. I agree to participate in all activities unless excused by the adult in charge. I understand that failure to abide by this agreement may result in my parents or guardian being notified and my being required to return home at their expense.

Signature of Student

Date

PARENT/GUARDIAN SECTION: _____ has my permission to
Son or Daughter's name

participate in all activities and performances of the *TYSA Brass Choir Run-out*. I recognize the benefit to my son/daughter of participating in this retreat and, for this reason, agree to release the Tacoma Youth Symphony Association, its Board of Trustees, officers, agents, or contractors from any claim that I any have arising from any injuries incurred while participating in the aforementioned retreat. During the retreat, I hereby authorize the adult in charge to seek medical aid for my son/daughter should it become necessary due to accident or illness.

Signature of Parent/Guardian

Date

Parent's Cell Phone Number

Emergency Contact and Cell Phone Number

RETREAT/RUNOUT MEDICAL AND DIETARY INFORMATION

MEDICAL CONDITIONS OR ALLERGIES: (mark N/A if not applicable) _____

DIETARY INFORMATION: (mark N/A if not applicable) _____

MEDICATIONS NEEDED DURING RETREAT/RUNOUT: (mark N/A if not applicable) _____
