

October 29, 2007

Dear Delaware High School Band Director:

What great talent we have in our Delaware High School Marching Bands, as demonstrated this season at the football games and band competitions! In order to ensure that all the musical and performance talents of students from your school are represented, the DFRC Blue-Gold All ★ Star Band invites all band members – musicians and band front – in grades 9 – 12 to be a part of the 53rd Annual DFRC Blue-Gold All ★ Star Football Game on Saturday, June 21, 2008. We are asking for your help in making early contacts and recruiting members for this year's band as soon as possible so that no one misses the opportunity to be a part of this honored Delaware tradition.

Senior participants are offered the opportunity to take part in the Hand-in-Hand Program, where they are paired with a “buddy” who is cognitively challenged. After the Participant Orientation in January or February, the high school seniors and their buddies attend monthly activities planned by DFRC from March through May. They are also encouraged to make their buddies a part of their daily lives by inviting them to take part in activities, such as going to the movies, sharing an ice cream treat, or just spending time together. This program is the very heart of the DFRC Blue-Gold Program, and many students who have participated in the past tell us that their involvement in Hand-in-Hand was the most meaningful experience of their lives.

All Band Members must complete the enclosed permission forms and return them to you. The enclosed “Character Verification Form” must be completed and signed by you and school principal. Our goal is to ensure that our Band Members are students with respect for self and others, compassion, and enthusiasm to help promote the mission of DFRC. **We ask that you collect the completed and signed permission forms from the students, add the Character Verification Forms signed by you and the school principal, and submit both forms for each student to the DFRC office. The deadline for seniors is Monday, December 3rd.** For underclassmen, you may submit permission forms and Character Verification Forms through Monday, March 3, 2007. DFRC will strictly enforce all deadlines, so please encourage your band members to act early so they don't miss the chance to be a part of this amazing experience. Sometimes, senior band members miss the opportunity to take part in Hand-in-Hand because they are not aware of the deadlines. Please help us make certain all seniors are informed this year.

We hope you have displayed the DFRC Blue-Gold Band poster to help promote our program. Previous members of the Blue-Gold Band have been mailed information directly to their homes. These veterans can help spread the word about the Blue-Gold Band experience. The DFRC Blue-Gold Band is the perfect showcase for the talents of your students and your school, and we hope you'll encourage all band members to act early and join the fun! If you have any questions, please feel free to contact the DFRC office at (302) 454-2730.

Sincerely,



Bruce DiNardo
2008 DFRC Blue-Gold Game Chair



Denise & Jeffrey Schwartz
Band Coordinators

P.S. Feel free to make extra copies of the enclosed forms, as you need them.

IMPORTANT! - Please let us know if you are having a Band Festival at your school and are interested in having a representative from DFRC Blue-Gold attend to provide information about our program to parents and students.

2008 DFRC Blue-Gold All★Star Football Game

BAND MEMBER NOMINATION FORM—*Please print all requested information*

All Seniors (June 2008 Graduation): This form is due DEC 3, 2007 All others: This form is due MAR 3, 2008

School: _____ Grade: _____

Your Full

Name: _____

First Name Middle Name Last Name Suffix

Your Years Participated

Nickname: _____ Birthdate: ____/____/____ in Blue-Gold Band: _____

Home day month year

Address: _____

City/Town: _____ State _____ Zip Code _____

Home Phone: _____ Alternate (Cell) Telephone: _____

(Area Code) (Area Code)

Email: _____

Adult T-Shirt Size (circle one): SM MED LG X-LG XX-LG

Instrument: _____ Clef: _____ Other Role in Band: _____

Are you a Drum Major? Yes No Are you interested in being a Blue-Gold Drum Major? Yes No

Band Director Name: _____ Director's Signature: _____

Director's Telephone: _____ Director's Email: _____

INSTRUCTIONS: Band Directors, please attach a copy of a completed DFRC Character Verification Form, signed by you and your school's Principal to this Band Nomination Form. Incomplete nominations will not be considered.

DFRC Blue-Gold Band Member—Your commitment to the program:

- ★ Seniors are required to attend orientation in February, and monthly Blue-Gold events through Game Day.
- ★ All Band Members will rehearse approximately five days in June, 2008 (two (2) evenings, two (2) full days and one (1) half-day rehearsal). Rehearsals will begin in mid-June 2008, dates will be confirmed to you in writing. On Game Day, June 21, 2008, there will be a final rehearsal during the afternoon prior to the Game.
- ★ You must provide your own instruments and arrange your own transportation to all rehearsals and to Game Day. For the Game Day performance, you must wear sneakers and acceptable khaki shorts. A T-shirt will be provided for Game Day.

Band Member's Signature: _____ Date _____

PERMISSION AND PUBLICITY RELEASE BY PARENT OR GUARDIAN

I hereby give my permission for the student named above to participate, health permitting, in the DFRC Blue-Gold All★Star Football Game Program and to attend all scheduled Blue-Gold events and practice sessions.

Further, I hereby grant to DFRC, Inc., and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs, video and audio recordings of my child/me, including his/her/my image and likeness as depicted therein, for editorial, trade, advertising or any other purpose and in any manner or medium; to alter the same without restriction; and to copyright the same. I hereby release DFRC, Inc. and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said images.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby set their hand and seal the date written below.

Mother/Guardian Signature _____ Date _____

Mother/Guardian Name (please print) _____

Father/Guardian Signature _____ Date _____

Father/Guardian Name (please print) _____

PLEASE COMPLETE BACK OF THIS FORM FOR REQUIRED MEDICAL AND CONTACT INFORMATION

PLEASE ATTACH A RECENT PHOTOGRAPH OF THE STUDENT—SCHOOL PORTRAITS ARE BEST

2008 DFRC Blue-Gold All★Star Football Game

BAND MEMBER MEDICAL/PARENT CONTACT FORM—Please print all requested information

Your Name: _____ School: _____
First Name Last Name Suffix

INSURANCE INFORMATION: Check here if you do not have insurance coverage—it will not disqualify you from participating.

Full Name of Subscriber: _____

Subscriber's Social Security Number: _____

Insurance Provider: _____ Insurer's Phone Number: _____
Include Area Code

Policy Group Number: _____ Policy Subscriber ID: _____

Family/Primary Care Physician's Name: _____ Physician's Phone Number: _____
Include Area Code

Physician's Full Address: _____

MEDICAL HISTORY:

Head/Neck Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Knee Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previous Concussions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ankle and Foot Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drug/Insect Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoulder Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arm and Hand Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previous Surgeries	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered Yes to any of the above please provide an explanation (use additional sheets, if needed)

Have you previously seen an Orthopedic Surgeon for and injury? Yes No If yes, provide surgeon's name and contact info:
 Surgeon's Name: _____ Telephone: _____
Include Area Code
 Office Address: _____

Parent/Guardian Contact Information (please print all information)

Mother/Guardian
 Full Name: _____
 Home Address (if different than student's) _____
 City/Town _____ State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Include Area Code Include Area Code
 Mother/Guardian Email address: _____

Father/Guardian
 Full Name: _____
 Home Address (if different than student's) _____
 City/Town _____ State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Include Area Code Include Area Code
 Father/Guardian Email address: _____

PLEASE COMPLETE FRONT OF THIS FORM FOR REQUIRED PERMISSION AND PUBLICITY RELEASE

PLEASE ATTACH A RECENT PHOTOGRAPH OF THE STUDENT—SCHOOL PORTRAITS ARE BEST

Thank you!

DFRC All★StarBlue-Gold Football Program
Character Verification of Band Member

Band Member's Name

Date

Name of School

1. Please list your top three reasons for recommending the above-named student for the DFRC Blue-Gold Band.

2. Is the above named student a team player who cooperates and works well in a group situation?

_____Yes _____No

3. Has the above named student ever been involved in a disciplinary action while a student at your school?

_____Yes _____No

If yes, please explain: _____

4. Would you consider the above named student a well-rounded individual?

_____Yes _____No

5. Has the above named student provided individual service through contributions to his school/community?

_____Yes _____No

If yes, please explain: _____

6. Is the above named student a conscientious person who sees a task through to completion?

_____ Yes _____No

7. Do you anticipate that the above named student would cause any problems in personal interactions with Band Members from other schools?

_____Yes _____No

8. Would you be proud to have the above named student represent your school in the DFRC Blue-Gold Football Program?

_____Yes _____No

With my signature below, I recommend the above named student to represent our school in the DFRC Blue-Gold Football Program.

Band Director

Principal

***Please return this form to:
DFRC, 640 Plaza Drive, Newark, DE 19702***

Senior due date for forms is: Monday, December 3, 2007

Underclassmen due date for forms is: Monday, March 3, 2008

DEADLILNES WILL BE STRICTLY ENFORCED