

THE SHAWNEE MISSION SUMMER BAND BLAST 2020

**FOR CURRENT (2019-20) SMSD
5TH – 8TH GRADE BAND STUDENTS*
(No beginners, please!)**



**June 8-12
Elementary Band
(Students who just completed 5 or 6)
9:00 am to 12:00 noon**



**June 15-19
Middle School Band
(Students who just completed 7 or 8)
9:00 am to 12:00 noon**

**Shawnee Mission North High School
7401 Johnson Drive**

Tuition - \$65.00



This is a great way to stay in playing shape over the summer months. The Summer Band Blast is a mix of band rehearsals, small ensembles, and sectionals that gives players of every playing level an opportunity to improve their skills in each of these settings. All classes taught by highly qualified professionals. Get signed up today!

**Questions? Bill Thomas 913-993-6453 or
billthomas@smsd.org**



**2020
SHAWNEE MISSION
SUMMER BAND BLAST
ENROLLMENT FORM**

SUMMER BAND BLAST DATES & TIMES: Shawnee Mission North High School
7401 Johnson Drive, Overland Park, KS 66202
June 8-12 – Elementary School 9 - Noon
June 15-19– Middle School 9 - Noon

*Only currently enrolled Shawnee Mission students are eligible to attend this camp.

If you have a Skyward Family Access account and have previously been added to Summer Enrichment Arena Scheduling, you may use the Skyward Family Access Arena Scheduling to enroll online (see webpage for enrollment tutorial) beginning March 31.

Checks and forms may also be mailed or brought to the Summer Enrichment Office:

Broadmoor/Early Education Center, 6701 W. 83rd St.

Summer Enrichment, c/o Charlene Simmons

Overland Park, KS 66204

<https://www.smsd.org/academics/summer-programs/summer-music>

If you are sending in your payment, please fill out the form and send it in with your check.

NAME _____ INSTRUMENT _____

STUDENT ID# _____ BIRTH DATE _____

IEP/Plan? YES NO 504 _____ Gifted _____ SPED _____ Health _____

2019-2020 GRADE _____ *CURRENT SCHOOL _____

ADDRESS _____ CITY, ZIP _____

GUARDIAN NAME _____

WORK PHONE _____

HOME/CELL PHONE _____

EMAIL ADDRESS _____

QUESTIONS?? CONTACT:

Bill Thomas, 993-6453

billthomas@smsd.org

For Office Use Only

Enrollment Date _____ By _____

Mail _____ Email _____ In Person _____

Check # _____ Cash _____

Charge _____

Card _____

Authorization # _____

Amount Paid \$ _____

FA Verified _____ DL# _____

Name _____