



2019-2020 Registration Form

Student's Name: _____ Grade: _____ Gender: _____ Instrument: _____

Band fee for all students: \$500

Student T-shirt size: _____ Student shoe size: _____

The fee above is paid by ALL band/guard members and covers items that are required for the year. What does this fee include...?

Item	Description	Required	Amount	Quantity
2019-2020 General Band Fee	Clinicians / Techs + Masterclasses / Contest fees + licensing / Transportation / Tailgate / Drill / Visual design / Electronics / Props, field supplies / Instruments and accessories / show shirt / Uniform supplies	YES	\$500.00	1
2019-2020 Instrument fee	FBISD Instrument fee: \$80 (<i>required for students using school owned equipment: percussion, piccolo, bass clarinets, soprano saxophone, tenor saxes, baritone saxes, bassoon, oboe, horn, mellophone, euphonium, tuba, sousaphone, bass trombone, C trumpets</i>)	YES - <u>for students using a school owned instrument</u>	This will be collected in AUGUST 2019	N/A
2019-2020 band shoes (percussion, brass, woodwinds)	Band shoes are part of the uniform and we use a specific brand and style. REQUIRED for all new woodwinds, brass, percussion members. Veterans may use their previous shoes.	YES - for new band members	\$40.00	
2019-2020 guard shoes	Guard shoes are for NEW guard members.	YES - for NEW GUARD members	\$40.00	

Payment Plan due dates:	Amount
5/18/2019 Registration – Non-refundable deposit	\$200
6/19/2019 Mail, online, band hall dropbox to deposit check between 10AM-5PM	\$150
7/24/2019 Mail, online, band hall dropbox to deposit check between 10AM-5PM	\$150
8/5/2019 FBISD INSTRUMENT FEE RevTrak, band hall dropbox	\$80 or remaining balance. ALL fees must be paid by this date.

MAIL PAYMENTS TO:
Travis HS Band
ATTN: THS TBBC
11111 Harlem Rd.
Richmond, TX 77406

Mail payments to:

Fee Total: \$500+other fees Additional Items Total:\$_____ **GRAND TOTAL: \$**_____ Make checks payable to **THS TBBC**

*Full payment is **DUE September 6, 2019**. If you are unable to pay in full, please make arrangements for a payment schedule with Mr. Jaime or follow the schedule above.*

Refund Policy (read entirely)

Should your student terminate their participation in the marching band program, you will receive a full refund (excluding the \$200 non-refundable deposit) if the student leaves the band program on/or before 6/1/19. If a student leaves after 6/1/19, but before 8/15/19, the student will be eligible for a 50% refund. No refunds will be given to students who leave the program after 8/15/19. Please note that money raised through fundraisers is not refundable.

Parent/Guardian Signature: _____ Date: _____ Phone number: _____

REGISTRATION FORM 1

www.travistigerband.org



VOLUNTEER INFORMATION Please indicate 2 or more

Please Print or Type:

Volunteer Name: _____	
Email Address: _____	
Cell: _____	Student Name: _____

Volunteers are a vital part of the Travis HS Tiger Band. Without them, our children would not be able to participate in football games, contests or band socials. The following are some of the opportunities we have available for volunteers. Please indicate which ones are of interest to you. **We ask that all parents/guardians signup for two volunteer duties.**

Volunteer Opportunity	Description of Duties
_____ Chaperone	You will be accompanying the band for games, contests, and other functions, which could include in-house socials. Duties will include riding the bus with the students, roll calling, escorting students to restrooms etc.
_____ Tailgate	You will assist with feeding the kids before games or contests. Duties will include set-up, check-in, serving, clean-up.
_____ Roadie	You will assist in loading the trailer with instruments and uniforms. Duties will include unloading and loading of instrument carts, percussion equipment and props, generator operation, carpentry and other maintenance work.
_____ Uniforms	You will assist in assuring all band members have appropriate and well-fitting uniforms. Duties include orders of uniform items, sewing and alterations.
_____ Rock-a-Thon	You will assist with our annual, largest fund raising activity. Duties will include set-up of snacks and games, check-in, hall monitor, prize give-away, counting funds.
_____ Mums for homecoming	One of our annual fundraisers is the mum sale. We need help from all crafty and non-crafty folks alike who love to have a good time while supporting their band. This fundraiser takes place at the beginning of the school year.
_____ Spring Banquet/Silent Auction	You will assist with our annual awards presentation and silent auction fund raiser. Duties will include securing a venue, collecting reservation forms and money, collecting items for the silent auction, putting silent auction baskets together, set-up of auction, table decoration, check-in, collecting money for winning bids, clean-up.
_____ I can help anywhere!	You are fearless! Duties include being flexible and doing whatever is needed!

Ft. Bend ISD Criminal Background Check

Ft. Bend ISD requires anyone who volunteers with our students to clear a criminal background check. You will need to complete this on-line process and receive confirmation of clearance from the District prior to appearing for any volunteer activities. Go to www.fortbendisd.com; click the *Community* tab at the top right; click *Criminal Background Checks* on the *Community Shortcuts* menu on the left; click *Volunteer Criminal History Application* under Links on the right; and follow the on-line instructions to complete your application.



FORT BEND I.S.D. EMERGENCY CONTACT INFORMATION
(This form must accompany the student on all trips.)

Please Print or Type:

Student Name: _____
Last First Middle

Sex: M / F (Circle One) Age: _____ Grade: _____ Activity: BAND

Home Phone: (____) _____ Date of Birth: ____/____/____ Student ID# _____

Address: _____
Street City State Zip Code

Subdivision: _____

Allergies: YES / NO (If YES, what type): _____

Medications: YES / NO (If YES, what type/dosage): _____

Physician: _____ Office Phone #: (____) _____

Medical Health Coverage: YES / NO (If YES, what type): HMO / PPO / OTHER

Insurance Provider: _____

Parent(s)/Guardian(s): _____

Mother's Work #:(____) _____ Mother's Cell #:(____) _____

Place of Employment: _____

Mother's Email: _____

Father's Work #:(____) _____ Father's Cell #:(____) _____

Place of Employment: _____

Father's Email: _____

PARENT/GUARDIAN PERMIT WAIVER:

If, in the judgment of any representative of the schools, the said student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Parent/Guardian Signature: _____ Date: _____



STUDENT MEDICATION/TAILGATE MEALS

Please Print or Type:

Student Name: _____

Procedure for Student Medication on Band Trips

If your child takes medicine on a regular basis, his/her medicines will be administered by THS Tiger Band Chaperones at their usual times while on out-of-town trips for the 2019-2020 school year.

Please send your child's medication to school in a sealed plastic bag labeled with the student's name and include this signed permission slip. All medications **MUST** be in the original containers and indicate your child's name.

We will have a first aid kit supplied with Advil and Tylenol available for headaches, pain or fever. Please sign the consent form below if you wish this OTC medicine to be available to your child.

I (parent/guardian) _____, consent to my child

_____ receiving if necessary for pain or fever:

Advil _____ Tylenol _____ Sudafed _____ Benadryl _____ Cough Drops _____

Cough Syrup _____ Tums _____ Pepto Bismol _____

Other Medication:

Medication: _____ Time(s) to be given: _____

Amount to be given: _____ Reason for Medication: _____

Second Medication:

Medication: _____ Time(s) to be given: _____

Amount to be given: _____ Reason for Medication: _____

Please list additional medication(s) here with times and dosage:

Tailgate Meals:

Meals and snacks are served to all students on game days/contest days. The THS Tiger Band Volunteers will administer a meal for band students on game nights. This program will save you a trip to the school to feed your child. **Remember that the students are not allowed to leave the school between practice and game time to get something to eat.** Payment for Tailgate Meals is included in your Marching Band Fees. **Please list any dietary needs/restrictions/food allergies below:**

Parent/Guardian Signature: _____ Date: _____



PARENT/STUDENT UIL MARCHING BAND ACKNOWLEDGEMENT

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of activities subject to the UIL Marching Band Eight Hour Rule:

- Marching band rehearsal (both full band and components)
- Any marching band group instructional activity
- Breaks
- Announcements
- Debriefing and viewing marching band videos
- Playing off marching band music
- Marching band sectionals (both director and student led)
- Clinics for the marching band or any of its components

The following activities are not included in the UIL Marching Band Eight Hour Rule:

- Travel time to and from rehearsals and/or performances
- Rehearsal set-up time
- Pep rallies, parades and other public performances
- Instruction and practice for music activities other than marching band and its components

NOTE: An extensive Q&A for the UIL Marching Band Eight Hour Rule can be found on the Music page of the UIL web site: www UIL.utexas.edu

"We have read and understand the UIL Marching Band Eight Hour Rule as stated above and agree to abide by these regulations."

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



TRAVEL CONSENT

As a member of the Travis High School Tiger Band:

Student Name: _____ Grade: _____

Permission to Travel

The above named student has my consent to travel to and/or from all activities beginning **August 1, 2019 through June 1, 2020**, including all errands and activities related to these events. The mode of transportation may be by airplane, Fort Bend Independent School District (FBISD) or commercial bus, private vehicle driven by school personnel or a parent chaperone.

I understand that the student will be chaperoned/supervised while en route to/or while participating in activities. Students, even though off campus, are still subject to all school/district rules and regulations when participating in THS Tiger Band activities. I understand that any student who does not conduct himself/herself properly may be: 1) sent home at the parent's expense; 2) prohibited from participating in future activities of this organization; and 3) subjected to other appropriate disciplinary measures.

I agree to and hereby release FBISD and its trustees, employees, sponsors and volunteers from all legal responsibility and all liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

In case of emergency and with the approval of the sponsor or another FBISD employee, I give my approval and authorization for the first aid treatment and any medical treatment by local physicians and/or hospital, including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment. Additional medical information will be on file with the faculty sponsor in case of an emergency. Please make sure the information on the FBISD Emergency Information form (Form 3) is current and up to date.

Compliance with the above described restrictions will be the responsibility of the student and not FBISD or any of its agents, trustees, volunteers or employees. The student understands the above restrictions and agrees to comply with the same. Non-compliance shall be grounds for dismissal from the organization.

My son/daughter has assured me that he/she will conduct himself/herself in such a manner that good credit will be reflected upon the school.

Itineraries will be available for every event and students will need to be picked up promptly following the estimated return time.

Both my child and I understand that all FBISD policies are in place during any band event regardless of its location or time.

My signature below indicates that I give my child permission to participate in this activity, to have medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment; I have read and agree to the above listed travel sections:

Parent/Guardian Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____					
How severe was each one? (Explain below)			<i>Females Only</i>		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

Student will be participating in: **Athletics** _____ **Band/Fine Arts** _____ **ROTC** _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____) brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____ Place Office Stamp Here: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.



Dedication, Energy, Excellence, Success, Honor, "DEESH"

Spring Training 2019

What to wear?

- Plain white T-shirt
- Athletic shorts (not basketball shorts)
- Running shoes (with laces)
- Sunglasses
- Baseball cap or hat
- Sunscreen
- Instrument
- Water jug (1gl insulated – red color)
- Big water jug (1gl insulated – red color)
- A really big water jug (1gl or more insulated – red color)

Do

- Get a good night sleep
- Get a big breakfast (no dairy)
- Get a minimum of 2500 calories in at the end of the day
- Drink Gatorade **every night before bed**
- Drink water every day as soon as you wake up
- Consult your doctor about any health issue

Saturday May 18, 2019

- 10AM Registration begins – **a parent/guardian is required to be here.**
- STUDENTS: We will hand out your instrument during this time – please be in attendance

All students are required to attend spring training and summer camps in late July & August to be considered for a primary spot. If you are planning to play in a **school-sponsored** fall sport like volleyball, football, swim, etc. please talk to the directors if you are planning to try-out for these events.

Please refer to www.travistigerband.org for all the latest information. The charms

calendar is available through this website and you must have the performance dates on your family calendar in order to avoid conflicts.

ALL REHEARSALS AND PERFORMANCE DATES ARE MANDATORY AND FOR A GRADE! Please be aware that we cannot excuse a student due to work, tutorials, family, birthdays, or club event.

If you know of a conflict, contact us immediately so we may be able to work together to solve the schedule issues.

Important dates:

May 28, 29, 30 2019 8AM-12PM
Woodwind & Brass Music Camp
May 28-31, 2019 7AM-5PM
Percussion Only
July 22-26, 2019 Percussion Camp
7AM-5PM
July 29-August 2, 2019 Band
Camp 7AM-5:30PM All Students
August 5-8, 2019 Band Camp 4-
8:30PM All Students
August 12-15, 2019 Band Camp 4-
8:30PM All Students

A complete marching season
calendar is available at
www.travistigerband.org

The marching season at a glance:

**TMB = Tiger Marching Band
(ALL STUDENTS participate)**

FB = Football game

8/20/19 TMB 4-6:30PM
8/22/19 TMB 4-6:30PM
8/23/19 TMB 3:30-6:30PM
8/27/19 TMB 4-6:30PM
8/28/19 TMB 4-6:30PM
8/29/19 TMB 3:30-6:30PM
8/30/19 FB @ Hightower 7PM
9/3/19 TMB 4-6:30PM
9/5/19 TMB 4-6:30PM
9/7/19 TMB 9AM-Noon

9/7/19 FB @ Foster 6PM
9/10/19 TMB 4-6:30PM
9/12/19 TMB 4-6:30PM
9/13/19 FB vs. Spring 7PM
9/14/19 TMB 9AM-Noon
9/17/19 TMB 4-6:30PM
9/19/19 TMB 4-6:30PM
9/20/19 TMB 3:30-6:30PM
9/21/19 Percussion Battle at the
Lakes
9/23/19 TMB 4-6:30PM
9/24/19 TMB 4-6:30PM
9/26/19 FB vs Elkins 6:30PM
9/30/19 Fort Bend Fair Parade
9/30/19 TMB 3:30-6:30PM
10/1/19 TMB 4-6:30PM
10/2/19 TMB 4-6:30PM
10/3/19 FB @ Dulles 6:30PM
10/4/19 TMB 3:30-6:30PM
10/5/19 BOA @ Legacy KISD
(Performance = all day event)
10/7/19 TMB 3:30-6:30PM
10/8/19 FB Band Night
10/9/19 FB Band Night
10/10/19 TMB 4-6:30PM
10/11/19 FB vs Austin HOCO 7PM
10/12/19 Battle at the Berry
(Performance = all day event)
10/15/19 TMB 4-6:30PM
10/16/19 TMB 4-6:30PM
10/17/19 FB vs. Ridge Point
6:30PM
10/18/19 TMB 3:30-6:30PM
10/21/19 TMB 3:30-6:30PM
10/22/19 UIL Marching
10/24/19 TMB 4-6:30PM
10/25/19 TMB 4-6:30PM
10/26/19 Cypress Showcase
(Performance = all day event)
10/26/19 FB @ Clements 1PM
11/1/19 FB @ Kempner 7PM
11/7/19 FB @ Bush 6:30PM