

# BE A PART OF THE JUPITER HIGH SCHOOL MARCHING BAND SHOW!



The Spirit of Jupiter (SOJ) Color Guard invites students in grades K-8 to join the Spirit of Jupiter Marching Band for a community performance at the November 11 Spirit Send-Off.

Students will have the opportunity to practice with the 2017 SOJ Color Guard learning to dance and spin a flag in front of hundreds of spectators.

## Thursday, November 9: 5:30-7:30 Practice

- 5:00 PM - Students will check in at the front entrance of Jupiter High School. They will receive a flag and one-on-one instruction from the Jupiter Color Guard and their instructors.
- Students should wear comfortable clothing (shorts or yoga pants, and t-shirt; no jeans) and tennis shoes.
- Remember, we might be outside learning and practicing the routine for Saturday.

## Saturday, November 11: PERFORMANCE DAY!!

- 5:00 PM - Report to the front entrance of Jupiter High School to check in. Students should wear a t-shirt (color TBD), khaki shorts (or black yoga pants depending on weather) and tennis shoes.
- 5:30 PM - Dinner and review of routine
- 7:00 PM - The Community Send Off Ceremonies Begin
- 7:30 PM - PERFORMANCE WITH THE SPIRIT OF JUPITER!!
- 8:00 PM - Students will be released to their parents and are invited to stay to watch the SOJ Halftime Show!

Please do not send any personal items with your child on Thursday or Saturday. We will provide water and common medical supplies.

*\*\* If your student needs specific medical supplies, please give them to a chaperone at check-in for safekeeping. \*\**

If you have any questions, please contact SOJ Color Guard Coordinator **Sharon Ryles** at [sojguard@gmail.com](mailto:sojguard@gmail.com).

Please send the form below along with a check for \$40.00 to cover your student's dinner, instruction, and other goodies to:

**Jupiter High School Band, 500 N. Military Trail, Jupiter, FL 33458 ATTN: SPIN NIGHT**

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Food allergies or health problems (attach any detailed information to this form):

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