



Congratulations!

You have been nominated by your director to take part in the Morningside University Honor Band on February 14<sup>th</sup> and 15<sup>th</sup> 2024 at Morningside University, Sioux City, IA. The festival brings together high school instrumentalists from all over the region. Participants in the festival spend two days on campus interacting with Morningside music faculty, nationally-renowned clinicians, and current Morningside University music students. Two days of rehearsals, masterclasses, and faculty recitals will culminate in a free public concert featuring the Honor Band and the Morningside University Wind Ensemble in the beautiful Eppley Auditorium. Honor band participants are invited to experience life as a Morningside University student with all meals included in our on-campus dining facility, housing available in a nearby hotel.

Information for the festival is below. If you accept your directors nomination to participate in the honor band please complete the attached permission form and return it to your director by January 10<sup>th</sup>.

### Honor Band Schedule

#### Friday

9:00 - 10:00	Check-In (Eppley Lobby)
10:00-12:00	Welcome and First Rehearsals
12:00-1:15	Lunch (Commons)
1:15-2:30	Sectional/Masterclasses
2:30-2:45	Break
2:45-4:45	Rehearsal
4:45-6:00	Dinner (Commons)
6:00-6:45	Sectional/Masterclass
6:45-7:00	Break
7:00-8:15	Rehearsal
8:15-9:30	Social Hour

#### Saturday

8:00-9:00	Breakfast (Hotel)
9:00-11:00	Rehearsal
11:00-11:15	Break
11:15-12:30	Sectional/Masterclass
12:30-1:30	Lunch (Commons)
1:30-3:30	Dress Rehearsal
3:30-4:00	Break/Social Hour
4:00-5:00	Recital Hour
5:00-6:30	Dinner Break, Change
7:00	Concert in Eppley Auditorium

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### Honor Band Frequently Asked Questions

#### Does it cost anything to participate?

The registration fee is \$40 with an additional \$40 fee if you would like to stay overnight. This includes an honor band shirt and all meals.

#### Concert Attire

Students should wear their normal performance attire that they wear for home concerts. If unsure check with your home director or wear standard concert black.

#### What should I bring?

Students should bring their instrument and any accessories they may need for the weekend (reeds, valve oil etc.) and their concert attire. Everything else will be provided.

#### When will I receive my music?

Your director will receive copies of your music by early January so that you can begin practicing before the honor band.

**Do I need to bring printed copies of my music?**

No, we will have hard copies of all music for you when you arrive.

**Can I audition for a music scholarship?**

Yes! Mention this as you check in and we will schedule a time for you to audition at some point throughout the weekend. P.S. did you know that all students are eligible for music scholarships, regardless of major?

**I am staying overnight, how does that work?**

You will be grouped with other high school students as well as a Morningside Ambassador. You will be assigned a hotel room with three other high school students. Breakfast is included. Students should bring toiletries, and any medications.



Morningside University Honor Band  
Student Permission Form

Name \_\_\_\_\_  
*(Print clearly as you would like it to appear in the program)*

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

School Name \_\_\_\_\_ Instrument/Voice Part \_\_\_\_\_

Grade: 9 10 11 12      T-Shirt Size: XS S M L XL 2XL      Sex (Rooming): M F

Please list any food allergies or dietary considerations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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I hereby give permission for my child to participate in the Morningside University Honor Band and I hereby grant to Morningside University permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Morningside University, in perpetuity, and for other use by Morningside University. I will make no monetary or other claim against Morningside University for the use of the interview and/or the photograph(s)/video.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Yes, I would like stay overnight and I have read and agree to Overnight Visit Consent Form.

**Morningside University Honor Band  
Overnight Permission Form**

By signing below, you, along with your parent or guardian if you are under the age of 18, accept the terms and conditions outlined below. If you do not understand the statement or how it applies to you, please ask a member of the Admissions staff to explain it to you before you sign.

**For Visiting Student:**

I am aware, that although Morningside University has agreed to host me overnight, neither the Admissions personnel nor any other Morningside University personnel will be supervising me at all times during my stay on campus. As a visiting student, like enrolled students, I am responsible for my behavior within the expectations described below:

- I understand that as an overnight visitor, I am required to abide by Morningside University's Code of Conduct and by Iowa state law. I acknowledge that Iowa law prohibits the drinking of alcoholic beverages by persons under 21 years of age as well as all use of controlled substances and that Morningside's campus is a drug, alcohol, tobacco and weapon free zone.

**For Parents of Visiting Student (if student is under the age of 18):**

- I give permission for my child named below to visit Morningside University and stay overnight. I hereby indemnify and hold harmless Morningside University and all its employees including Residence Hall Directors and Admissions Counselors. I release and give up all claims, including claims of negligence I may have in the future against Morningside University that arise out of my child's participation in this overnight visit.
- In case of emergency, and if I cannot be reached, I the undersigned parent or guardian of the below- named child, do hereby authorize a representative of Morningside University to consent to any medical treatment or care deemed advisable.

I have read and fully understand all the provisions of this Overnight Permission Form. I agree to comply with the information above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Phone (home)

\_\_\_\_\_  
Phone (mobile)

List any special medical concerns or allergies:

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