

UNIVERSITY BANDS



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August 1, 2017

Greetings!

The Georgia State University Marching Band is thrilled to host the 8th Annual GSU Band Day on Saturday, September 30th, 2017 during the GSU vs. University of Memphis game. Your band members will have the opportunity to play in a halftime mass band performance, center stage in the newly developed Georgia State Stadium! (formerly Olympic Stadium and Turner Field)

We encourage you to represent your school at the game, and give your band members an experience they will never forget. To register for this event, please complete the enclosed ticket order form and return it to the Georgia State Ticket Office no later than September 15, 2017. Upon receiving your ticket order form, we will process your order and send email confirmation containing game day information, registration location, final itinerary, directions, and parking information.

Please find the Band Day Itinerary & Ticket Order Form enclosed for you convenience. For more information or to register your band for this event, please call Michael Watson at 404-413-4141 or email mwatson37@gsu.edu. Find more information on our website by visiting www.pantherband.gsu.edu.

We look forward to seeing you and your band on the field in September. This will truly be an unforgettable experience for all.

Go Panthers!

Chester B. Phillips
Director of Athletic Bands

GEORGIA STATE™

2017 GSU Band Day Sample Itinerary

(A final itinerary will be sent with your packet)

- 9:30 a.m.** **Registration** – Unload equipment and all Band Day participants at **Georgia State Stadium** (formerly Turner Field). Buses and equipment trucks will relocate for game day parking. Use the parking passes included in your ticket package.
- Band Check-In** is location TBD. Hand in all Liability Waiver & Release Forms. All credentials, timelines, t-shirts, and other instructions will be given. After registration is complete, please make your way to the designated band seating area.
- 10:15 a.m.** **Registration Closes**
- 10:45 a.m.** **Band Day Rehearsal Begins** – GSU Band Directors will lead the 2017 Band Day participants along with the GSU Marching Band in rehearsal to prepare for the half-time performance.
- 1:00 p.m.** **Band Day Rehearsal Concludes** – All participants will be escorted to instrument storage. Everyone must then vacate the Stadium for a full security sweep.
- Lunch** **Lunch is NOT provided.** Participants are encouraged to bring lunches or enjoy stadium concessions once gates open.
- 2:00 p.m.** **Gates Open** – All participants and family members must re-enter the stadium, with tickets.
- 3:00 p.m.** **All participants should be in their seats** – the GSU Panther Band will soon be taking the field for the traditional pre-game performance.
- 3:30 p.m.** **Kick-Off** – GSU vs. University of Memphis
- Half-Time** **Band Day Performance!**
- Exit After Half-Time** **Participants will exit through Tunnels**
- Post-Game** Participants will retrieve instruments and equipment from instrument storage and exit the Dome. Buses and equipment trucks are located in the parking lots (**location TBD**).

2017 GSU Band Day Ticket Order Form

To register, please complete this form and return it with your payment to Georgia State Ticket Office no later than **September 15, 2017**. For questions, please call 404-413-4141.

Director's Name: _____

School: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

	# of Tickets	Price per Ticket	Total
Participants Attending		\$15	\$
Directors Attending (up to 5 free)		\$15	\$
Family & Friends Attending		\$20	\$
Handling Fee			\$3.00
Total Cost			\$ _____

<ul style="list-style-type: none"> <input type="radio"/> I have included a check for the total cost listed above (Make check out to: Georgia State Athletics) <input type="radio"/> Please charge my credit card for the total listed above <p>(Circle one) AMEX Visa MasterCard Discover</p> <p>Credit Card # _____</p> <p>Expiration Date _____</p> <p>Signature _____</p>	<p>To purchase, call: 404-413-4141</p> <p>Or</p> <p>Send this form with payment to:</p> <p>Georgia State Ticket Office P.O. Box 3975 Atlanta, GA 30302-3975</p>
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<p>Please select the quantity of T-shirt sizes for your participants:</p>	<p>Total Number of S _____</p> <p>Total Number of M _____</p> <p>Total Number of L _____</p> <p>Total Number of XL _____</p> <p>Total Number of T-Shirts _____</p>
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Georgia State University Athletics

Liability Release Form

Assumption of Risk

Important: This is a legal document. Please read and understand this document before signing.

Waiver, Release and Indemnification

I agree to indemnify and hold harmless Georgia State University, its contracted agents, volunteers, and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these promotional activities. I further agree to release, acquit, and covenant not to sue Georgia State University, the Georgia Dome, their contracted agents, volunteers and employees for all actions, causes of action, claims or damages in law, or remedies in equity of whatever kind, including the negligence of Georgia State University, my family or myself against Georgia State University arising out of participation in these promotional activities.

In short, I cannot sue Georgia State University, its contracted agents, volunteers, or employees for any damages, liabilities, costs, and expenses that I now have or may hereafter have by reason of participation in this promotional activity.

I acknowledge that no guarantees have been made with respect to achieving objectives. I authorize and release to Georgia State University or its designated representative the use of my image or my children's image in any still photograph, video recording, or audio recording resulting from participation in this promotional activity for any purpose at the sole discretion of Georgia State University.

I have adequate health, disability, and life insurance for myself, family and (my) minor children. I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified medical personnel to render necessary emergency medical care.

I, _____, of my own free will understand and acknowledge the risks and liabilities for myself, family, and (my) minor children this ___ day of _____ 2017.

I have carefully read this release, fully understand its terms, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Print Name

Date

Signature

Date

Parent/Guardian*

Date

Street Address

City/ State/ Zip

Email/Phone Number

***If the participant is under the age of 18 (eighteen)**