

COLCHESTER YOUTH ORCHESTRA TOUR

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Dear Parents

We are planning a tour to **Wetzlar, Germany** from **Monday 23rd July to Saturday 28th July**. We would be staying at the **Wetzlar Youth Hostel** and giving at least three concerts.. There will be a full days rehearsal prior to departure on the Sunday 22nd July.

This tour offers an excellent opportunity for musical development. The cost, which includes full board accommodation, personal insurance (not including your instrument) and coach travel is **£325.00**

If you have any questions regarding the tour or would like to apply for a bursary towards the cost of the tour please contact me at the College.

If you would like your son/daughter to join this tour please complete the consent form and return with a deposit of £50 (cheques should be made payable to the Colchester Youth Orchestras Tour) to

Mr Mike Boddy, 175 Lexden Road, Colchester CO3 3TE

To avoid any problems regarding passports please enclose a photocopy of the photograph page of the passport with the consent form.

The Payment schedule is as follows: although full payments or staggered payments are also possible.

December 11th Deposit of £50

20th February Second deposit of £150

28th May Final payment of £125

Yours truly,

Nigel Hildreth

COLCHESTER YOUTH ORCHESTRAS TOUR
Wetzlar 2012

I would like my son/daughter.....

Date of Birth..... Age on departure.....

who plays the (instrument)Grade.....to join the tour To

Wetzlar from 23.07.12 to 28.07.12

I enclose a deposit of £ 50.00 to secure a place. I understand that this deposit is non-refundable but that subsequent payments will be covered by insurance. Cheques should be made payable to "Colchester Youth Orchestra Tour"

I give my consent that my son/daughter can join the tour. I agree to reimburse any member of staff for any costs and expenses reasonably incurred and/or other sums reasonably disbursed by him/her on behalf of the above student during or as a result of the trip.

I agree to authorise any member of staff during the course of the trip to approve such medical treatment for my son/daughter as is deemed necessary in an emergency or upon the advice of a medical practitioner . Any medical condition from which my son/daughter is suffering to my knowledge is described in a separate letter attached to this form, which also sets out any special requirements (such as drugs or other treatments) which may be required.

Letter attached/ does not apply
(delete as appropriate)

Signed Date

Name of student

Address.....

.....

Telephone no:.....

Any dietary requirements (e.g. vegetarian)

I enclose a photocopy of my son's/daughter's passport