

## COLCHESTER YOUTH ORCHESTRA TOUR

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October 2009

### Tour to France 2010

Dear Parents

We are planning a tour to **Ouistreham, Normandy in France** from **Monday 26<sup>th</sup> July to Friday 30<sup>th</sup> July**. We would be staying at the **Hotel le Chalet** and giving at least three concerts in France. There will be a full days rehearsal prior to departure on the Sunday 25<sup>th</sup> July. If sufficient numbers of students apply for the tour the tour **may be extended by one day**.

This tour offers an excellent opportunity for musical development. The cost, which includes half board accommodation, personal insurance (not including your instrument) and coach travel will be **£400**. The cost of this tour can, of course, be spread over a number of payments. The tour includes entrance to a number of historic sites including the DDay Museum in Arromanches, the 360 degrees Museum in Arromanches and the Bayeux Tapestry Museum

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**

<b>December 3<sup>rd</sup></b>	<b>Deposit of £50</b>
20 <sup>th</sup> March	Second deposit of £150
20 <sup>th</sup> June	Final payment of £200

Yours truly,

Nigel Hildreth

**COLCHESTER YOUTH ORCHESTRAS TOUR**

FRANCE 2010

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

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

who plays the (instrument) .....Grade.....to join the tour To FRANCE  
from 26.07.10 to 30.07.10

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) .....