

Colne Valley Training Orchestra

February 2019 Half Term Holiday Orchestra - Play for Pleasure

I give permission for _____

to attend Play for Pleasure on 18th and 19th February 2019.

Address:

Tel.no. _____

Email (please write clearly) _____

Instrument _____

Grade and date of last exam

Please give details of any medical condition that we should be aware of ie asthma, allergies, other illness or disability.

Emergency contact details

Name _____ Relationship _____

Address (if different from above) _____

Landline _____ Mobile _____

I enclose a cheque for £_____ (£35 for first child, £30 for subsequent children of same family)

Please make cheques payable to Colne Valley Youth Orchestra

Payment can be made by bank transfer 40-18-04 41425420

Ref Name/ H O Receipt of cheques will be confirmed by email.

I give/do not give permission for my child's photograph to be used in any publicity and on the CVYO website.

Signed _____ (Parent/Guardian)

Any information given on this form will be kept confidential.

Please return the form to: Emer Clandillon, 42 Francis Road, Braintree, CM7 2NR