

## MUSIC ENSEMBLE MEMBERSHIP

Student's name:		Class:
Parent/Carer's name:	Ph: _	
Parent/Carer's email:		
	Music Ensemble	
I give permission for	my child to join the following music	c ensembles:
<ul><li>□ Band</li><li>□ String Group</li><li>□ Recorder Group</li></ul>		
	nble Membership Fee is paid once on one Group. ie the Fee is \$10 per te part of.	
	Payment of Membership F	ees
OR	aide: \$10 for Term 1 \$10 for Term 2 \$10 for Term 3 \$10 for Term 4 \$40 for Terms 1,2,3 & 4	
Signed:		
Date:		