

EXPRESSION OF INTEREST FORM for COLO VALE SCHOOL BAND 2014

Student's name: _____ Class (2013) _____

Parent's name: _____ Ph: _____

I am interested in joining the School Band in 2014



- I would like to learn trumpet at the school and rent a trumpet from the school.
- I would like to learn trumpet at the school and purchase my own trumpet.



- I would like to learn trombone at the school and rent a trombone from the school.
- I would like to learn trombone at the school and purchase my own trombone.



- I would like to learn clarinet at the school and rent a clarinet from the school.
- I would like to learn clarinet at the school and purchase my own clarinet.



- I would like to learn flute at the school and rent a flute from the school.
- I would like to learn flute at the school and purchase my own flute.



- I would like to learn baritone horn at the school and rent a baritone horn from school.
- I would like to learn baritone horn at the school and purchase my own baritone horn.



- I would like to learn saxophone at the school and purchase my own saxophone.

My child is already learning an instrument and would like to join the band. The instrument my child is learning is the

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|------------------------------------|--|
| <input type="checkbox"/> flute | <input type="checkbox"/> piano/keyboard |
| <input type="checkbox"/> trumpet | <input type="checkbox"/> acoustic guitar |
| <input type="checkbox"/> trombone | <input type="checkbox"/> electric guitar |
| <input type="checkbox"/> clarinet | <input type="checkbox"/> bass guitar |
| <input type="checkbox"/> saxophone | <input type="checkbox"/> drums |

My child has been learning this instrument for ____ years and the teacher's name is _____.

I understand that the commitment from my child will be to attend their weekly lesson and the weekly band practice and to practise regularly at home.

I understand that if my child joins the band then my commitment will be to support my child and to pay such fees as are due according to the agreed timeframe.

Parent/Carer's Signature: _____ Date: _____