

APPLICATION FORM

ACO STRING WORKSHOP 2017 AT ST KILDA HEBREW CONGREGATION ON MONDAY 21 AUGUST 2017

Please complete a separate application form for each student and return to:
ACO Education, PO Box R21, Royal Exchange NSW 1225 OR education@aco.com.au

STUDENT DETAILS:

MR/MISS FIRST NAME	SURNAME			
SCHOOL	YEAR			
MOBILE	EMAIL			
POSTAL ADDRESS				
CITY	STATE	POSTCODE		
INSTRUMENT (PLEASE TICK)	<input type="checkbox"/> VIOLIN	<input type="checkbox"/> VIOLA	<input type="checkbox"/> CELLO	<input type="checkbox"/> DOUBLE BASS
INSTRUMENT GRADE (AMEB OR ALIKE)	<input type="checkbox"/> DO <u>NOT</u> SUBSCRIBE ME TO EDU ENEWS			
Are you of Aboriginal and/ or Torres Strait Islander Origin?				

MEDIA PERMISSION:

I, _____ the parent/guardian of _____ give permission for him/her to be photographed, filmed or interviewed during the ACO Education event and for this material to be used by the ACO or third party organisations, including media outlets, to promote the ACO or its Education Program.

SIGNED:
DATE & EVENT:
NAME (PLEASE PRINT):

MUSIC TEACHER (SCHOOL OR PRIVATE) OR PARENT DETAILS:

PLEASE NOTE: The email address enter in this section will be sent all ACO String Workshop information
PLEASE COMPLETE ALL FIELDS. MUSIC & RESULTS FOR SUCCESSFUL STUDENTS WILL BE SENT VIA EMAIL TO THE ADDRESS PROVIDED BELOW.

MR/MS FIRST NAME	SURNAME		
SCHOOL	MOBILE		
EMAIL			
POSTAL ADDRESS			
CITY	STATE	POSTCODE	

PLEASE PROVIDE A BRIEF STATEMENT OF YOUR STUDENT'S PERFORMANCE/ENSEMBLE EXPERIENCE:

DO NOT SUBSCRIBE ME TO EDU ENEWS

SIGNED	DATE
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