



Gordon East Public School Parents & Citizens Association

ABN 20 563 274 973

Rosedale Road Gordon 2072 Telephone 9498 2011 Fax 9498 4173

**Gordon East Public School
String Ensemble Program Registration Form**

(Please complete and return to the school office)

String Ensemble Member's Details:

Family Name: _____ Student's Given Name: _____

Male / Female _____ 2016 Class: _____
(please circle)

Instrument: _____ No. of years/Level: _____

Training: Classical Suzuki

Parent's/Carer's Details:

Name: _____ Mobile: _____

Email Address: _____

Name: _____ Mobile: _____

Email Address: _____

(This will be used for all String Ensemble Communication)

Registration for

(Please tick): Mozart Ensemble (Beginner String Ensemble)
 Vivaldi Ensemble

Invoicing Preference:

(Please tick) \$440 Annual Invoice (preferred - billed Term 1)
 \$220 x 2 Semester Invoice (billed Terms 1 & 3)

- I give permission for my name and phone number to be included in a contact list for the purpose of communicating between String Ensemble parents.
- I understand that I will be required from time to time to volunteer and assist with the parent roster.
- I understand that by registering, I have committed to paying the Ensemble fees. I also understand that my child has committed to ongoing practice, rehearsals and performances for 2016.
- I have agreed to and signed the attached Code of Conduct.

Parent's / Caregiver's Name

Signature of Parent / Caregiver

Date

