



**AUSTRALIAN
CHAMBER
ORCHESTRA**
RICHARD TOGNETTI
ARTISTIC DIRECTOR

Application form – Combined Schools Workshops 2010

Please complete this form and return to:

ACO Education
Australian Chamber Orchestra
PO Box R21, Royal Exchange
Sydney 1225 NSW

Tick selected workshop venue:

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brisbane | <input type="checkbox"/> Albany | <input type="checkbox"/> Cairns |
| <input type="checkbox"/> Melbourne | <input type="checkbox"/> Bangalow | <input type="checkbox"/> Bundaberg |
| <input type="checkbox"/> Perth | <input type="checkbox"/> Bellingen | <input type="checkbox"/> Rockhampton |
| <input type="checkbox"/> Sydney | <input type="checkbox"/> Bunbury | <input type="checkbox"/> Toowoomba |

Student Details (please print clearly)

Name _____ Male Female

School _____ School Year _____

Home phone(____) _____ Mobile _____

Email address _____

Postal address _____ Town _____ Postcode _____

Instrument on which you are applying _____

Approximate standard on instrument (AMEB or Suzuki) _____

Yes, please send me the ACOs monthly e-newsletter and customer service emails to keep me up to date with other ACO events and programs throughout the year.

I _____ the parent/guardian of the above-named student give permission for him/her to be photographed, filmed or interviewed during the ACO Combined Schools Workshops by both ACO and news media. I consent to the use or reproduction of photographs and footage of the aforementioned student for a variety of fundraising or promotional purposes, including but not limited to: promotion of the ACO or its education program in selected media; articles; fundraising proposals and presentations; ACO marketing material; donations campaign and information brochures. I take full responsibility for travel arrangements to and from the ACO Combined Schools Workshops venue.

Signed _____ Date _____

Name _____ (please print)

Instrumental Teacher/Music Coordinator Details (please print clearly)

Name of contact teacher _____

Teacher Email _____

Teacher Mobile _____ School _____

School Address _____ Postcode _____

School Phone (____) _____ School Fax (____) _____

Yes, please send me the ACOs monthly e-newsletter and customer service emails to keep me up to date with other ACO events and programs throughout the year.

Please note that we will use email and post to send results and music

Please provide a short statement of your student's performance standard and ensemble experience.

To be completed by the school principal or home room teacher

I _____ support the application for the ACO Combined Schools Workshop for the aforementioned student.
(please print)

Signed _____ Date _____