



**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"/> Bundaberg     |
| <input type="checkbox"/> Melbourne | <input type="checkbox"/> Bellingen | <input type="checkbox"/> Coffs Harbour |
| <input type="checkbox"/> Perth     | <input type="checkbox"/> Bunbury   | <input type="checkbox"/> Rockhampton   |
| <input type="checkbox"/> Sydney    | <input type="checkbox"/> Cairns    | <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 \_\_\_\_\_