



# BEGINNERS & INTERMEDIATE ORCHESTRAS

## BEGINNERS

(Gr. 1-3, age 5-13)

Mon 12th/Tue 13th August

## INTERMEDIATES

(Gr. 4-6, age 9-16)

Wed 14th/Thu 15th August

**9:30am-4pm**

**Keyes Building, The King's School Worcester  
College Green, Worcester WR1 5LL**

Join an orchestra! 2-day courses for young musicians  
Full and sectional rehearsals complemented by games and  
activities to develop all-round musicianship  
Informal concert at the end of the course

**Price £75**

For further info visit [eso.co.uk/eso-youth](http://eso.co.uk/eso-youth)

# Application Form / Parental Consent Form

Please reserve place(s) as indicated:

BEGINNERS ORCHESTRA 12th/13th August

INTERMEDIATE ORCHESTRA 14th/15th August

Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_ Parent / Guardian's Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Instrument \_\_\_\_\_ Approx. Grade \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

Any special medical conditions / dietary requirements / allergies etc. \_\_\_\_\_

Emergency contact other than above

Name \_\_\_\_\_ Tel No \_\_\_\_\_

I consent to ESO (2006) Ltd retaining my contact information in order to inform me of future ESO Youth events.

**Photographs** I consent to photographs of the above-named being taken during the event for ESO publicity purposes.

ESO (2006) Ltd accepts no responsibility for those students who do not supply this form completed in full. In the event of an emergency arising to the above mentioned person and his/her parents or guardians not being available, I authorise the official representatives of ESO (2006) Ltd, in their absolute discretion, to sign any consent forms for medical treatment etc. as required, for the duration of any course or concert.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Price £75 per student per 2-day course. 10% discount for ESO Friends - £67.50**

I wish to claim the 10% discount for ESO Friends. Membership No. \_\_\_\_\_

I enclose a cheque payable to **ESO (2006) Ltd** for

Please debit my:  Mastercard  Visa  Maestro

Card No \_\_\_\_\_

Start Date \_\_\_\_\_ Expiry Date \_\_\_\_\_ Issue No \_\_\_\_\_

Last 3 digits of security code on rear of card \_\_\_\_\_

**Please return to ESO Youth, 16-20 Deansway,  
Worcester WRI 2ES  
or email to [esoyouth@eso.co.uk](mailto:esoyouth@eso.co.uk)**

**ESO Youth Orchestras  
are operated by:**

**ESO (2006) Ltd, 16-20**

**Deansway, Worcester WRI 2ES**

**Tel 01905 28613 ext 4**

**Email [esoyouth@eso.co.uk](mailto:esoyouth@eso.co.uk)**

**Website: [eso.co.uk](http://eso.co.uk)**

**Registered Charity No. 1119621**