



ABN 53 672 137 566

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

PHONE HOME: _____

MOBILE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

INSTRUMENT/S: _____

PARENTS FIRST NAMES:

PHOTO CONSENT I give consent for my photo to be displayed on the bands web site (www.scywo.org.au)

SIGNED _____ (member)

PARENT _____ (players U18)

PARENTAL CONSENT (players under 18) I give permission for my son/daughter/ward to join the South Canberra Youth Wind Orchestra.

SIGNED _____ (Parent)

DATE _____