

Name:

Main / Training Orchestra *(please delete)*

Colne Valley Youth Orchestra New Members

Date of birth:

Grade:

Address:

Other Inst.:

School:

Town:

Dietary requirements:

Postcode:

Home phone:

Medical/Access requirements:

Instrument:

Parent/Carer's email:

Student's email *(Main Orchestra only)*:

Parent/Carer's mobile 1:

Parent/Carer's mobile 2:

Student's mobile *(Main Orchestra only)*:

Would you be able to donate gift aid to us? Y / N

If you would like us to claim gift aid on your subscription then please indicate on this form and fill in the attached gift aid form.

Please note that if you self-assess your own tax then you will need to include this gift aid in your tax return.

Ias parent/guardian of

.....

hereby give permission for this data to be used for the purposes of running the Colne Valley Youth Orchestra, holding rehearsals, concerts and musical events. I understand that my child's personal details will be held securely and not shared

with third parties except with my consent or if required by law. I understand that I can withdraw consent at any time although this may affect how my child is able to participate in activities. If you wish to withdraw consent please contact nigel@cvyo.net.

Signed