

EXPRESSION OF INTEREST FORM FOR OATLEY WEST TRAINING BAND 2019

Please return completed form to the band letterbox opposite the office by Friday 9th November 2018

Child's Name: _____ Class _____ Age _____

Do you already own an instrument which you could play in the band? _____

Which instrument? _____

Are you learning an instrument? _____ Which one? _____ For how long? _____

Which Instrument would you prefer to play in the band?

1st choice _____

2nd choice _____

3rd choice _____

Flute	Clarinet	Trumpet
Trombone	Euphonium	Saxophone
Drums/percussion	Glockenspiel	Keyboard
Violin	Viola	Cello Oboe

If you are not offered ANY of your choices would you consider accepting a different instrument? _____

There are only a limited number of places available for each instrument type. The allocation of these will be at the discretion of the Band Director.

Parent/Guardian please sign this section.

I give permission for my child named above to join Training Band.

Signature _____ Print Name _____

Home phone number _____ Mobile _____

Email address _____

For Band Director's use

Ear Test:

1	A. _____	B. _____	C. _____	
2	A. _____	B. _____	C. _____	
3	A. _____	B. _____	C. _____	
4	A. _____	B. _____	C. _____	Total Ear _____

Singing: (If required) Intonation : _____ Rhythm _____

Rhythm:

1 (4/4)	_____	2(4/4)	_____	
3 (3/4)	_____	4 (6/8)	_____	Total Rhythm _____

TOTAL SCORE _____

RECOMMENDATION _____