



## GBRT Sax Choir Registration Form

I'd love to become a member of the GBRT Sax Choir and have completed my details on the form below.

Please print, complete and return one Registration Form for each person wishing to join the Sax Choir.

### Choir Member's Details

Name: \_\_\_\_\_

Contact address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number (incl. STD): \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Parent or Guardian's Details (If Under 18)

Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number (incl. STD): \_\_\_\_\_  
(in case of emergencies)

Relationship with Choir Member: \_\_\_\_\_

### Instrument Information

Type of saxophone played e.g. Alto: \_\_\_\_\_

Approximate playing standard: Grade \_\_\_\_\_

Teacher's name: \_\_\_\_\_

As the Sax Choir Member (or parent/guardian if under 18), I would like (my child) to become a member of the GBRT Sax Choir and agree to pay £45 per term (£35 for school students) before each term starts, for the fortnightly term-time rehearsals.

Signature: \_\_\_\_\_

**Please complete and return this form as soon as possible to the address below. Please remember to bring your cheque for the first term with you to your first rehearsal.**

**Cheques payable to:** GBRT Sax Choir

**Return form and cheque to:** GBRT Sax Choir, 44 Firs Avenue, Uppingham, Rutland, LE15 9RE

**By returning this form, I accept that the Great Bowden Recital Trust will treat my information confidentially and that they will also provide me with details regarding their future activities, events and concerts.**