



in association with



# CHAMBER MUSIC WORKSHOPS

**Intermediate (Gr. 4-6)**  
**Wednesday 31st May**

**Advanced (Gr. 7+)**  
**Thursday 1st June**

9am-4:30pm  
The Elgar School of Music  
Deansway, Worcester WR1 2ES

One-day workshops for young musicians  
Violin • Viola • Cello • Double Bass  
Flute • Oboe • Clarinet • Bassoon  
Trumpet • Horn • Trombone • Tuba • Brass Band Instruments

Small/medium ensembles grouped by  
playing standard (string quartets, wind/  
brass quintets etc).

Tuition by professional players from  
the **English Symphony Orchestra**  
Informal concert at the end of the day



**Price £35**

To register your interest or for more details please email  
[esoyouth@eso.co.uk](mailto:esoyouth@eso.co.uk)

# Application Form / Parental Consent Form

Please reserve place(s) as indicated:

Intermediate (Gr. 4-6) **Weds 31st May**     Advanced (Gr. 7+) **Thurs 1st June**

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

Address \_\_\_\_\_

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

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

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

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

Teacher's Name \_\_\_\_\_

School Name \_\_\_\_\_

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

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

Emergency contact other than above

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

The ESO accepts no responsibility for those students who do not supply this form completed in full. **Photographs:** I hereby consent to photographs of the above names being taken during the course for publicity purposes. 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 the ESO (2006) Limited, as organisers of the ESO Beginners and Intermediate Orchestras, 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** \_\_\_\_\_

## Fee Payable £35 per student per 1-day course

I enclose a cheque payable to **The Elgar School of Music** 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 this form to ESO Youth, The Elgar School of Music, 16-21 Deansway, Worcester WR1 2ES  
or by email to [esoyouth@eso.co.uk](mailto:esoyouth@eso.co.uk)**

### **ESO Youth is operated by**

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