

NORFOLK COUNTY YOUTH ORCHESTRA

Membership Form

Name of Player: _____

Instrument: _____ Grade: _____

Player email address: _____

Parent email address: _____

Player mobile no: _____

Parent mobile no: _____

Home telephone no: _____

Address: _____

School: _____ Instrumental Teacher: _____

Dietary requirements: _____

Medical conditions (including allergies)

- I wish to confirm my membership of the Orchestra for 2018-19.
- I understand that I will receive further correspondence regarding payment and bursary information, but that subscriptions will be held at the current rate.
- I agree to receiving further information and newsletters from NCYO.

Parent's Signature: _____

Player's Signature: _____

Date: _____

Please return this form to Juliet Rickard either via email jrickard@cym.org.uk or in the post address to Juliet Rickard, Director c/o OPEN, 20 Bank Plain, Norwich, NR2 4SF