

LOUTH WIND ORCHESTRA

PLAYER REGISTRATION FORM

Please complete ALL relevant sections, writing clearly in BLOCK CAPITAL letters.

Instrument(s) played:

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First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last name:

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Email address:

- include the domain extension (e.g. .com or .co.uk) and distinguish between the numbers 1 and 0 and the letters l and O

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Home phone number:

- include area code

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Mobile phone number:

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Health: Please give details of any relevant disability or health problem

Emergency contact: Please provide details of a relative or friend we can contact in an emergency

Name:

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Phone number:

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The membership fee is **£4.00** per rehearsal, payable after each rehearsal.

Louth Wind Orchestra accept cash, cheque (made payable to 'Louth Wind Orchestra'), or BACS.

I certify that the information given is correct, that I am aged 18 or over / have my parent or guardian permission (please delete as necessary), and that I agree to the weekly rehearsal fee.

Signature:

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Date:

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