

# CAVATINA Chamber Music Trust

Reg. Charity1067716

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## SCHOOL REGISTRATION FORM

Name of School:

Full Address:

Local Authority:

Type of School (*delete as appropriate*): State / Independent

Level of School (*delete as appropriate*): Primary / Secondary / 6<sup>th</sup> Form College

Name of Head Teacher:

Email address:

Telephone number:

Name of Music Co-ordinator:

Email address:

Telephone number:

Name of School Administrator:

Email address:

Telephone number:

No. of children in school:

No. attending concert (*Please note this should not exceed 120*):

Curriculum Years of concert attendees:

Parking (*delete as appropriate*):        None / In school / Free on street / Pay on street

Nearest Tube/Bus/other:

Piano (*delete as appropriate*):        None / Clavinova / Upright / Grand

May we film for a DVD? (*delete as appropriate*):        Yes / No

May we take photographs? (*delete as appropriate*):        Yes / No

May we use any footage / photos in our future publicity?:        Yes / No

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***Please fill in your visit preferences here:***

Days of the week:

Dates:

Time of Day:

*Please note that the concert lasts one hour and that all children should be seated before the start time.*

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***For CAVATINA Office use only***

Date & Time:

Ensemble:

Date when Feedback was received:

Previous ensembles at this school:

Other comments:

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**Please email this form to the above address**