

**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:  
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**