



Abergavenny Symphony Orchestra

Conductor: Dennis Simons

www.abergavennysymph.org.uk

Gustav Mahler Symphony No. 5

WORKSHOP

Sunday 4th February 2018, 10.00 am – 5.00 pm

Clarence Hall, Crickhowell, NP8 1BN

We are holding a full day rehearsal of this work and would welcome non-members of the society. Whether you are interested in joining as a regular member of the orchestra or just want to play for the day, please complete and return the attached slip, or email to check availability of places.

There will be 2 sessions for the orchestra: 10 - 1 and from 1.45 – 5.00 with a break during each session. We will finish the day with a play through. The sessions will be open to any friends and family who would like to listen.

There are kitchen facilities for tea/coffee during breaks, and we have arranged for a buffet lunch to be laid on for those who want it, at £8 per head.

The cost, excluding lunch, will be £10 (£3 for students).

If you are interested please email Pete at
workshop@abergavennysymph.org.uk

Or download, print and return the application form from the website
www.abergavennysymph.org.uk

Abergavenny Orchestral Society Workshop - Sun 4 Feb 2018

Please enrol me for the Workshop:

Name _____

Instrument _____

Lunch Required: YES / NO

Amount paid - please circle one of the following as applicable.

£18 Workshop including Lunch

£10 Workshop, no Lunch

£11 Student including Lunch

£3 Student, no Lunch

Payment method – please tick as applicable:

- Cheque enclosed - payable to Abergavenny Orchestral Society
- Internet bank transfer - please include “Mahler 5” in the payment reference, and transfer to:
Abergavenny Orchestral Society
Sort code; 30-90-02
Account no. 00013855

Note: Places are limited, and if a place is not available, any cheque sent will be destroyed but cannot be returned. Please feel free to check availability by email before making payment and returning this form. workshop@abergavennysymph.org.uk

Non-members, please supply contact details. If you have any medical conditions we should be aware of, please give details, on a separate sheet if necessary.

Address:

Phone:

Emergency Contact:

Email:

Medical conditions notified? YES / NO

For participants who will be under 18 on 4th February, we need a parent or guardian to complete and sign the details on the next page

Please return to Pete Geraghty, Palisades, Walterstone, Hereford, HR2 0DX

Permission for person under 18 to attend AOS Workshop on 4th February 2018

Name of young person: _____

Date of birth: _____

Name of parent / guardian: _____

Emergency phone number: _____

Any special needs: _____

Any illness / allergy, e.g. asthma, epilepsy, allergy to plasters:

Permissions

- I give permission for my son / daughter to attend the workshop.
- I give permission to the workshop organisers to arrange for my child to receive emergency medical treatment, should this be necessary.

Photographs

Photographs will be taken during the workshop which we may choose to use in future publicity - on our website, on our Facebook page, or in local newspapers. We will not use any individual's name. Should you **NOT** wish your son / daughter to appear in these photographs, please put a cross in this box:

Signed _____

Date _____