

*Application for a percussion audition for the*

# CORNWALL YOUTH BRASS BAND

I wish to apply to join the band and agree to abide by its rules

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Email address \_\_\_\_\_

Which band (if any) do you play in? \_\_\_\_\_

Grade examinations passed \_\_\_\_\_

In which disciplines would you like to audition? Choose any one discipline in each of the four columns but your own choice piece and your set piece **must** be in different disciplines.

Discipline	Technical Work	Set Piece	Own Choice	Sight Reading
Timpani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snare drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuned percussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drum kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature \_\_\_\_\_

I support this application and consent to the use of photographs as set out below

Signature of parent  
or guardian \_\_\_\_\_

### Use of photographs

We sometimes take photographs of band members at our rehearsals and courses for our website and for publicity purposes. CYBB complies with the principles of the Data Protection Act 1998.

### Subscription

There is a small membership subscription (currently £15) covering the year to 31 August. The subscription is not reduced if you join part way through the year.

Please send your completed form to: Robert Kitchen, Boskessy, Cargreen,  
Saltash, Cornwall, PL12 6PA. ☎ 01752 847627. Email: mail@rgckitchen.eclipse.co.uk