

## Clinician Workshop Registration Form

SCHOOL NAME: \_\_\_\_\_

ENSEMBLE DIRECTOR: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ENSEMBLE TYPE: (please tick one)

ORCHESTRA       STRING ENSEMBLE       CHOIR

CONCERT BAND       STAGE/JAZZ BAND

DATE REQUEST: (please select up to 3 preferences)

MONDAY 12 OCTOBER       THURSDAY 22 OCTOBER

TUESDAY 13 OCTOBER       FRIDAY 23 OCTOBER

WEDNESDAY 14 OCTOBER       MONDAY 26 OCTOBER

THURSDAY 15 OCTOBER       TUESDAY 27 OCTOBER

FRIDAY 16 OCTOBER       WEDNESDAY 28 OCTOBER

MONDAY 19 OCTOBER       THURSDAY 29 OCTOBER

TUESDAY 20 OCTOBER       FRIDAY 30 OCTOBER

WEDNESDAY 21 OCTOBER

WORKSHOP DURATION PREFERENCE:

1 HOUR  or 2 HOURS

*Due to time constraints and overall fairness across Queensland, we can only offer one workshop booking per school.*

***Re-viewed    Re-focussed    Re-vived    Re-scheduled***