



The Trusts Waitakere Brass

WAITAKERE YOUTH BAND AND TRAINING PROGRAM

Please complete the following details. We will be in contact shortly to confirm your lesson time and tutor.

Student's Name: _____

Parent(s)/Guardians Name: _____

Student's Date of Birth: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

We are interested in:

- Lessons through Waitakere Brass Participation in the Youth Band

Length of time learning or n/a for new learners: _____

Preferred lesson days / times or n/a for Youth Band participation only:

Instrument choice or n/a for Youth Band participation only:

Please email the completed form to youthband@waitakerebrass.com