



SALE BRASS ACADEMY

Name of Child: _____

Name of Parent: _____

Address: _____

Home Telephone: _____

Mobile Telephone: _____

Email: _____

Child's Date of Birth: _____

School Attended: _____

Instrument to be Played: _____
(if applicable)

Instrument Interest in: _____

Last AMEB Grade Taken: _____

Name of Teacher: _____

Other Instrument(s) played: _____

Signed: X _____ Date: _____

**Please return the form to:
Sale Brass Academy, PO Box 361,
Sale VIC 3850
Or Email:
salebrassacademy@gmail.com**