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Expression of Interest for THE GIFT OF MUSIC Community Concert
INVITATION TO PERFORM
For community Ensemble, Choirs and Schools Groups

Name of Group Leader:
Contact details: -
Work Phone:
Mobile Phone:
Email:
Postal address:
Name of Ensemble / School:
Number in group:
Type of ensemble:
You may have more than one group you wish to involve: -
2.
Number in group:
Type of ensemble:
3.
Number in group:
Type of ensemble:
4.
Number in group:
Type of ensemble:
Preferred date of performance: - (Please tick your preferred performances)
Wednesday 24 August 2016: <input type="checkbox"/> Matinee <input type="checkbox"/> Evening
Thursday 25 August 2016: <input type="checkbox"/> Evening