BURWOOD GIRLS HIGH SCHOOL
ENSEMBLE PROGRAM

INCORPORATING THE INNER WEST ENSEMBLE PROGRAM

Address
Burwood Girls High School
Queen Street
Croydon, NSW 2132
Phone: (02) 9747 3355
Fax: (02) 9744 2797
band.burwoodghs@det.nsw.edu.au

Contacts
Elaine Browne,
Head Administrator:
Elaine.Browne@det.nsw.edu.au

Director of Program
Genevieve Campbell

Patrons
Larissa Treskin
Elaine Browne
Natalie Brookton
Mia Kumar, Principal BGHS
Patricia Amphlett, OA

Sponsors
Ashfield RSL Club
Ashfield RSL Sub Branch
Burwood Girls High School
Burwood RSL Sub Branch
BGHS P&C
Burwood Rotary
Club Burwood RSL
Croydon Park RSL Sub Branch
Wests Ashfield Leagues

SENIOR CONCERT BAND and STRING ENSEMBLE TOUR
GULGONG / MUDGEE

DATE: Wednesday 30 April to Friday 2 May 2014

STAYING: Red Hill Environmental Education Centre, Tom Saunders Ave,
Gulgong, ph: 02 6374 2558.

BRING: A warm jacket, weatherproof jacket and comfortable,
sensible shoes, and a bottle of water for on the bus.

ALSO BRING: Black band pants, band t-shirt, black socks and shoes,
with you in a small bag, as these will be worn at
Wednesday morning performance.

BAND CALL: At school, 6:00 am on Wednesday 30 April.

RETURN: To Burwood GHS approximately 5:00-5:30 pm on Friday 2 May.

TOUR COST: $300 per student, this includes 2 night meals, 2 breakfasts
and 1 packed lunch (Thu). Bring extra money for morning tea,
lunch on Wed/Fri and shopping.

Any questions please contact Mrs Browne on 9747 3355.

Please complete the attached permission slip and return it to Mrs Browne as
soon as possible.

Elaine Browne,
Head Administrator, BEP.
Return this form to Mrs Browne as soon as possible.

SENIOR CONCERT BAND and STRING ENSEMBLE TOUR
GULGONG / MUDGEE

I give permission for ____________________________
of Year ________ to attend the Senior Concert Band and String Ensemble Tour to Gulgong / Mudgee on Wednesday 30 April to Friday 2 May 2014.

PAYMENT ENCLOSED:
$300.00  □ Cash  □ Cheque (payable to Burwood GHS)
□ Credit Card (phone Mrs Browne or complete form below)

Please list anything we need to know (eg medical conditions, allergies, special dietary requirements, sleep walking etc.)

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Signed (parent/carer):_______________________________________________________________

Date:________________________

Parent’s daytime & evening contact number while on tour:

____________________________________________________________________________________________________

CREDIT CARD PAYMENT – SCB/STRINGS TOUR 2014

Student’s Name: __________________________________________________ Year: ______

Please debit my credit card for $________________ (please tick one box below)

Visa       Mastercard

Card Number: _______ _______ _______ _______   Expiry Date: _______/______

Signature: ____________________________________________   CCV number: _____ _____ ____(last three digits on back of card)