



HUB TEMPO 2020

EOI FORM – AGES 12-18

PARTICIPANT NAME: _____

AGE: _____

SCHOOL: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PARENT NAME: _____

PARENT EMAIL ADDRESS: _____

PARENT PHONE NUMBER: _____

Please outline your previous experience when it come to voice, music etc.

What type of music are you interested in listening to and performing?

What do you want to achieve by being a part of the Hub Tempo Program?

I have looked at the workshop dates on the website and can commit to be available for them

YES / NO

If we receive lots of EOIs for this program we may ask to meet with you to discuss how we can work together. Is this ok?

YES / NO

If you have any further questions please call Claire Harris on 0405 061 341