



Supported by:

Recorder Master Class with Daniël Brügger & Bertho Driever

- Where** Tunbridge Wells Girls' Grammar School, Southfield Road, Tunbridge Wells, TN4 9UJ
- When** **Saturday, 20 February 2010 2 – 5 pm**
- Parking** Available on the school site. Please **observe** the **one way system** when **leaving the school**.
- Cost** **£5** per entry (i.e. a group can enter for £5 too). Audience free.
- How to book** Please complete **one form** for **each entry**, make **cheques** payable to **GRMC** and **send** with the completed **booking form(s)** as soon as possible to:
- Amanda Smith, **25 Prospect Park, Southborough, Tunbridge Wells, Kent, TN4 0EQ**
- Queries** Ring Amanda on **01892 534 525** or **email** via the **contact form** at **www.prospectmusic.co.uk**
- Please bring** A spare copy of the music, if possible, and people to listen (no charge).

Optional extras!

- **The Early Music Shop** will have **instruments** and **music available on the day** – allow extra time to browse.
- **Refreshments** will be **available** to **purchase** at **TWGGS**.
- **3 pm Sunday 21 February 2010** at **The Spa Hotel**, Mount Ephraim, **Tunbridge Wells**, Kent, TN4 8XJ
Concert given by the **Amsterdam Loeki Stardust Quartet**

A rare opportunity to hear this amazing recorder quartet in the UK.

To avoid disappointment, you are advised to book tickets in advance.

Tickets: £20 (£10 full time students 16 & above). **Subject to space**, one under 16 admitted **free** with an adult paying full price. (We expect this concert to sell out)

Book tickets online at **www.greenroommusic.org** or **phone** 0845 680 1926 (Mon – Fri 9 – 4, Sat 10 – 1)

We are grateful for the support received from The Early Music Shop for the Master Class.



RECORDER MASTER CLASS BOOKING FORM

NAME.....

ADDRESS (inc postcode).....

.....

HOME TEL NO..... Mobile.....

EMAIL.....

Where did you hear about this event?

Approximate standard.....

Recorder Teacher.....

Teacher's email/phone number (we may contact them for a reference).....

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Full title of work inc movt. you would like to play.....

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Please give an exact timing of this piece.....

Do you require a piano or harpsichord (it may only be possible to offer a Clavinova for harpsichord).....

Do you require an accompanist (at an extra cost)?.....

Please **give details** of any **medical information** we should know about (continue overleaf).....

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We hope that parents will stay to listen to the master class but please complete the following information for all students under 18:

In the event of an emergency, my contact details during this event are.....

.....

PARENT'S MEDICAL CONSENT FORM

Child's full name:

Date of birth:**Age of child**.....

I understand that in the event of an accident or injury to my child, the organisers will make every effort to contact his/her parent(s) / guardian(s). Where this proves to be impossible, I give my permission for any emergency medical treatment, including anaesthetic, to be administered.

Signed: (Parent / Guardian) _____

Print Name (Parent/Guardian)_____

Date: _____

Name of Doctor: _____ Tel. No.: _____