



23<sup>rd</sup> October 2024

Dear Parent or Carer,

### **Resonate Youth Collective: Schools Youth Orchestra Sessions**

Building on the success of the "100 Voices" last year, and in collaboration with Resonate, we are excited to extend this opportunity to instrumentalists in schools across Liverpool. The Resonate Youth Collective is a unique play day designed for teenagers to come together and participate in a massed schools orchestra.

We would like to invite your child to join us on **Wednesday 27th November 2024** at the prestigious **Great Hall, Liverpool Hope University** for a day filled with instrumental workshops, creative sessions, and orchestral rehearsals led by professional musicians, culminating in a grand performance. Your child will receive sheet music prior to the event.

Your child will travel to the venue by taxi leaving school at 9.15am. The rehearsals will last until 4pm and there will be a showcase performance from 5-6pm. I'm sure you will agree that this is a wonderful opportunity for our youngsters to build on their musicianship and ensemble skills. Please complete and return the attached slip to confirm that your child would like to take part and to request tickets for the evening performance. There is a maximum of two tickets per pupil for the concert priced at £4 each.

Thanks for your continued support and commitment to our Music department

Yours sincerely

*C Finnegan*

**Mrs C Finnegan**  
i/c Music



**ST JOHN BOSCO ARTS COLLEGE**

Telephone: 0151 330 5142

Email: [enquiries@stjohnbosco.org.uk](mailto:enquiries@stjohnbosco.org.uk) [www.stjohnboscoartscollege.com](http://www.stjohnboscoartscollege.com)

Storrington Avenue, Liverpool L11 9DQ

Headteacher: Mr Darren Gidman, BSc [Hons], NPQH



**RESONATE YOUTH COLLECTIVE – SCHOOLS YOUTH ORCHESTRA SESSIONS**

**WEDNESDAY 27<sup>TH</sup> NOVEMBER 2024**

Name of Child:

DOB:

INSTRUMENT:

GRADE / LEVEL :

PARENTS NAME \_\_\_\_\_

EMERGENCY TELEPHONE NO. \_\_\_\_\_

- I GIVE PERMISSION FOR MY SON/DAUGHTER TO ATTEND THE EVENT AT LIVERPOOL HOPE UNIVERSITY.
- I GIVE PERMISSION FOR MY CHILD TO TRAVEL BY TAXI TO THE EVENT AND AGREE TO COLLECT THEM AT THE END.
  
- I REQUIRE \_\_\_\_\_ TICKETS

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Medical Information or Other**

Please note below any medical information or anything that you feel we should be aware of relating to your child (including dietary and allergy information):

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