2024/25 Music Office Band/Orchestra Training Instructor's Testimonial

Particulars of Applic	ant:	
Name (as printed on HKII	D card) :	
Hong Kong Identity Card	No.:	
(Please provide the alphab	pet & the first 3 digits only, eg.A123)	
Band/ Orchestra App	olied:	
	Band/Orchestra Applied	Instrument
Choice (1):		
Choice (2) (if any):		
Instructor's Testimon I,	(Name of Instructor), hereby confirm	that
(Name of Applicant) learn	ns(Name of In	strument) with me. His/H
level of instrumental perf	Formance has attained Grade	standard or equivalent.
	Signature of Instructor:	
	Name of Instructor:	
Contact of Instr	uctor (email address or tel. no.):	
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