

# SUMMER YOUTH MUSIC COURSES, 24 JULY - 1 AUGUST 2014 - APPLICATION FORM

**PLEASE PRINT CLEARLY IN BLOCK CAPITALS. One form per student. To be completed by a PARENT/CARER if student is under 18. ALL sections marked with \* MUST be completed by/for ALL students or your application form may not be processed.**



\*Student's Name: ..... \*Instrument: .....

\*Voice (choir SATB): .....

\*Present Group(s): ..... \*Grade/Equivalent: ..... (Brass: Treble/Bass clef)

(delete as applicable)

**\*I/My child wishes to attend the following Course(s):** (please circle below, pick ONE option)

Training Band	24th July	£20
Wind Band	25th - 28th July	£80
Concert Band	25th - 28th July	£80
Junior Strings	27th - 29th July	£40
Senior Strings	26th - 29th July	£80
Second Orchestra	26th - 29th July	£80
Youth Orchestra	26th - 29th July	£85
Youth Choir	30th July - 1st August	
(existing member)		£40
(new member/bringing a *new* friend)		£20 (Friend's name: .....) )

**Band/Orchestra AND Youth Choir** £100 \*Band/orchestra: .....

**\*please specify**

**\*Payment:** (delete as applicable)

I enclose a cheque payable to 'Bedfordshire Music Trust', where required, for: £ .....

OR I am paying by online bank transfer, my reference code is: "S14 ..... " e.g. S14 YO J BLOGGS

AND/OR I have successfully applied to FBYM, reference number: .....

## PLEASE COMPLETE THE FOLLOWING ONLY TO UPDATE ANY INFORMATION THAT HAS CHANGED SINCE THE LAST COURSE YOU ATTENDED OR IF THIS IS YOUR FIRST COURSE

\*Address: ..... Postcode: .....

\*D.O.B.: ..... \*Age: ..... School/University: .....

\*Instrumental Teacher and Contact Details: .....

**Parent Contact Details:** \*Email (please print clearly): .....

\*Name: ..... \*Emergency contact number: .....

**Student Contact Details:** Mobile number: .....

Email (please print clearly): .....

\*Does the student have any known medical condition or special needs? **YES / NO** (delete as applicable)

If **yes**, please give details (including medication): .....

\*I have read and understand the Terms and Conditions (see Invitation Letter)

I **do not** wish to have my contact details shared with other families with a view to lift-sharing

I **do not** agree to photographs being taken of myself/my child

**\*Signed:** .....

**Student** (if aged over 18)/**Parent/Carer** (please delete as applicable)

\*Date: .....

### FOR OFFICE USE:

FBYM ref/percentage:

Outstanding balance:

Date received:

Name on cheque:

Please return the completed form to either: **SUMMER YOUTH MUSIC COURSE, THE BEDFORDSHIRE MUSIC TRUST, 20 HALEGATE, WOOTTON, BEDS, MK43 9LD** or **kerri-anne@bedfordshiremusictrust.org.uk** by **FRIDAY 6th JUNE** at the latest.