



**Application Form for Piano (Grade 2+) Masterclass with Marcel Zidani  
Thursday 17<sup>th</sup> June 2010, 4-6pm, St Michael's Church, Church Street, Broadway**

Student Name: .....

Home Address: .....

Postal Town: ..... County: ..... Postcode: .....

Parent/ Carer's Full Name: .....

Address (if different from above): .....

.....

Phone: ..... Mobile: ..... Evening: .....

Email: .....

Name of school: ..... Year group: ..... Age: .....

Years I have studied the piano: ..... Grade(s): .....

Name of piano teacher: ..... Phone: .....

Other instruments studied and standard achieved: .....

.....

I would like to take part in this course because: .....

.....

Pieces(s) I would like to play (composer, title): .....

.....

Disabilities/special needs: .....

Allergies/medicines (please detail): .....

**CONSENT**

I agree to allow my child to take part and understand that all under 16's must be accompanied.

Photo/video of my child may be used for promotional purposes (print and online): Yes  No   
(please tick)

Parent/Carer signature: ..... Date: .....

Name (please print): .....

Please enclose a cheque for £5 payable to Broadway Arts Festival and return this form to:  
M. Schmitz, 1 Leamington Road, Broadway WR12 7EF