

# Guildhall: Rehearsals Mon-Wed 10am-4pm Thurs 10am-1pm, & 4.30-6pm; concert 7pm

Apply by **10 December 2009**

Please enclose a cheque for £25 payable to 'Worcestershire County Council' and return this form to M. Schmitz, 1 Leamington Road, Broadway Worcs. WR12 7EF  
Queries to 01386 859648 or [musica@earlymusica.org](mailto:musica@earlymusica.org). We will contact you latest by 15 January 2010 to let you know if your application has been successful.

----- **BOOKING FORM/CONSENT**— *Detach and send this portion in.*-----

Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Town: \_\_\_\_\_ Postcode \_\_\_\_\_

Name of school: \_\_\_\_\_ Year group \_\_ Age \_\_\_\_

**Instrumentalists:** Instrument I would like to play for the course: \_\_\_\_\_

If you are applying as a violinist, please tick here if you also play viola \_\_\_

**Singers:** Voice Type (circle one): S1 S2 A T1 T2 Bar B

**All:** Years I have studied my main instrument/voice: \_\_\_\_\_ Grade(s) \_\_\_\_\_

Name of regular teacher: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other instruments studied and standard achieved: \_\_\_\_\_

Ensembles I regularly play/sing in (please list): \_\_\_\_\_

I would like to take part in this course because \_\_\_\_\_

Disabilities/special needs: \_\_\_\_\_

Allergies \_\_\_\_\_ Medicines \_\_\_\_\_

Parent/ Carer's Full Name \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ Email: \_\_\_\_\_

## CONSENT

**I agree to allow my child to take part.** Emergency contact details for the day are:

Emergency contact name \_\_\_\_\_ Emergency phone \_\_\_\_\_

*(Please tick all which apply and sign)*

I agree to my child being taken to hospital in case of illness \_\_\_

Photo/video of my child may be used for promotional purposes (print and online)\_\_\_

My child has my permission to make his/her own way to and from the Guildhall \_\_\_

My child may leave the Guildhall during lunch time in the company of other students \_\_\_

I may be able to help supervise during breaks \_\_\_

\_\_\_\_\_  
Parent/Carer signature                      Date

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