THE MUSIC MAKERS BANDCAMP TOUR 2018

SECTION 1: CHILD INFORMATION PLEASE COMPLETE ONE APPLICATION PER CHILD							
ild's Name:		D.O.B		Gender:			
School:			l				
Year Group (up to July 2018):		Age During Course:					
Passport Number:		Passport Expiry date:					
Country passport issued in:		Nationality:					
SECTION 2: INSTRUMENTAL (INCLUDING VOICE) INFORMATION							
Instrument 1:	Tutor:		Years playing:		Grade:		
Instrument 2:	Tutor:		Years playing:		Grade:		
Instrument 3:	Tutor:		Years playing:		Grade:		
Please use this section to tell us a little about your child's musical exp	erience, fo	ıvourite music genre/ban	ds/composers				
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SECTION 3. MEDICAL AND CONSENTS WE HAVE A FULL TIME NURSE ON SITE AT ALL TIME AND A SECOND QUALIFIED FIRST AIDER. SUPPLYING US WITH AS MUCH AS INFORMATION AS POSSIBLE WILL HELP US BE PREPARED FOR YOUR CHILD'S REQUIREMENTS							
Doctor's Surgery Name:		Doctor's Name:					
Telephone Number:							
Does your child:							
Suffer from any allergies (including plasters) Yes / No	If so, whi	, which:					
Carry any medicines: Yes / No	If so, whi	which:					
Carry an Epipen: Yes / No	If so, whi	hich:					
Do you agree to:							
A member of staff seeking emergency medical response if necessary: Yes / No							
A member of medical staff applying sun-cream to your child, if thought necessary: Yes / No							
A member of medical staff administering first aid care locally, if thought necessary: Yes / No							
Do you consent to:							
A member of staff to take photos of your children for use in the end of week presentation Yes / No							
A member of staff to take photos of your children for use on our website or future promotional materials Yes / No							
Please list any information about illnesses or medical conditions you wish to share with us: (attach additional information as a separate sheet if required)							

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5. PARENTAL INFORMATION					
Title:	Full Name:	mail:			
Home Address:					
Home Teleph	one:	Mobile:			
Additional names and contacts during the course (1 extra required at least):					
6. FEES AND CONFIRMATION					
6.1: COURSE FEES					
First deposit o	due by September 30 th 2017	£50			
Format		Bacs/Cheque			

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Booking confirmation

Please note

- Please retain a copy of this form (pages 1-3) for your records
- · Application forms should be returned stapled together (per student). Without this they may get separated or lost.
- Please write the child's name on bottom of every sheet
- Please note we do not issue confirmation of places. We recommend checking our website (updated daily) to see if spaces are available. A space on the course will be reserved on the day your form is received. In the unlikely event of the course selling out between the date of posting and arriving we will call you straight away to discuss.

Return Address:

The Music Makers, 13 Ladybank Rise, Arnold, Nottingham, NG5 8QG

OR

Handed to Mark Rolfe directly in the NGHS Junior School

Forms may also be scanned and sent electronically to mark@the-music-makers.org.uk (but we do prefer physical forms)

Payment Options:

Cheque

 A Cheque payable to Mark Rolfe (<u>cheques made out to The Music Makers are not accepted</u>) must be stapled to the front page of this form

BACS

Bank details are included below:

Account Name: M A Rolfe (Music Makers Account)

Account Number: 60893919

Sort Code: 20-55-62

If paying by **BACS** you must:

- Use your child's name as the reference
- Attach confirmation of the transfer stapled to the front of the first page of this form

Childcare Vouchers

Please note unfortunately we do not accept childcare vouchers