



EASTER YOUTH MUSIC COURSES 5 - 10 APRIL 2014 - STUDENT 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:

*Present Group: *Grade/equivalent: (Brass: Treble/Bass clef)
(delete as applicable)

***I/My child wishes to attend the Easter Course: YES / NO** (please delete as applicable/circle below)

Training Band	5th April	FREE
Wind Band	6th - 9th April	£79
Concert Band	7th - 10th April	£79
Senior Strings	6th - 8th April	£69
Second Orchestra	6th - 9th April	£79
Youth Orchestra	7th - 10th April	£79

***I/My child wishes to attend Philharmonia Open Rehearsal: YES / NO** (please delete as applicable)

***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: "E14"

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:

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

*Instrumental Teacher and Contact Details:

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

*Name: *Mob (Emergency contact number):

Student Contact Details: Mob:

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 application
received:

Name on cheque:

Please return the completed form to either: **Easter Youth Music Course,**
The Bedfordshire Music Trust, The White House, Odell Road, Sharnbrook, Bedford MK44 1JL or
kerri-anne@bedfordshiremusictrust.org.uk by MONDAY 17th MARCH at the latest.