

# ROCKSKILLS SUMMER 2009

## MUSIC WORKSHOPS

### APPLICATION FORM

NAME OF STUDENT : .....

ADDRESS : .....

.....

.....

TEL. NO. ....

AGE : ..... ANY SPECIAL NEEDS\* : .....

INSTRUMENTS PLAYED : .....

.....

INSTRUMENT(S) YOU WISH TO PLAY ON WORKSHOP : .....

\* Special needs include any allergies, medication needed and learning difficulties e.g. asthma, epilepsy, haemophilia, nut allergy, dyslexia, ADHD etc. Awareness of any special needs will assist us with the delivery of the course, and will be helpful in the event of an emergency.

I agree for the above-named to attend the 3 day course at (*Venue to be announced*) on Tuesday, Wednesday & Thursday 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> August 2009 and attend the evening concert on the last day at a cost of £40 (non-refundable) payable by Saturday 1st August 2009.

SIGNED .....

NAME .....

DATE .....

Please return the application form to: Mayzmusik Performing Arts Academy, St. Michael's House, St. Michael's Road, Abergavenny, Mon. NP7 5AY. Cheques should be made payable to "Mayzmusik".