

Wonderful Winds

Flute Days!

Under 18 Booking Form - Yateley

CHILD DETAILS

Name: _____ Date of Birth: _____ Age on 08/09/18: _____

Playing standard (Grade working towards or approx. level. Please see website for guidelines): _____

Please tick if your child will also be bringing, or has experience playing any of the following flutes in addition to their C flute:

Bringing: Piccolo Alto Flute Bass Flute Other (please state) _____

Experience playing: Piccolo Alto Flute Bass Flute Other (please state) _____

Where did you hear about the course? (If teacher, please give name) _____

Address: _____

Postcode: _____

PARENT/CARER CONTACT DETAILS

Parent/Carer Name: _____

Parent/Carer Email (PLEASE PRINT CLEARLY): _____

Parent/Carer Home Tel. No: _____

Parent/Carer Mobile Tel. No: _____

Emergency contact(s) in case you are not available:

Name _____ Tel. No: _____ Relationship to Child: _____

Name _____ Tel. No: _____ Relationship to Child: _____

Please tick the day(s) you wish your child to attend: (see website for guidelines)

Saturday 8th Sept. 2018

Sunday 9th Sept. 2018

PAYMENT (please tick one box only)

Early Bird Discount Bookings (up to 8th July only)

I have made a bank transfer/enclose a cheque for **£25.00** for one day.

I have made a bank transfer/enclose a cheque for **£50.00** for both days.

Booking after 8th July

I have made a bank transfer/enclose a cheque for **£30.00** for one day.

I have made a bank transfer/enclose a cheque for **£55.00** for both days.

Note: Cheques to Wonderful Winds, 44 Exeter Road, Okehampton, Devon, EX20 1NH

Bank transfers to Wonderful Winds, Sort Code: 54-21-14, Account number: 22127186 quoting player's name as reference.

CLOSING DATE: 25th August 2018. Please note that places are limited so early enrolment is advised.

www.wonderfulwinds.com

Flute Days! Yateley 2018

Mel Orriss: mail@wonderfulwinds.com 07817 703844

Joss Campbell: josscampbell@hotmail.com 07930 093564

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Under 18 Medical Form

CHILD DETAILS

Name:

Date of Birth:

In case of emergency please provide:

Name of GP:

Tel. No:

Does your child have any medical conditions/allergies that we should know about? Please give full details here:

Does your child need disabled access? Please give details here:

Photographic publications: parental consent.

To comply with the Data Protection Act 1988, if the member is aged under 18 we will need parental permission to use any photos or video recordings produced by Wonderful Winds in publications or on its website and social media outlets.

Please tick this box if you wish to *withhold* permission.

DECLARATION

I have read and agree to the Terms and Conditions.

Name (please print) Relationship to child

Signed Mr/Mrs/Ms/Miss/Other Date

Please return both completed forms to Mel Orriss, either by scanning/emailing to mail@wonderfulwinds.com or in the post to 44 Exeter Road, Okehampton, Devon EX20 1NH, together with payment by cheque or bank transfer by the closing date of **25th August 2018**. Please note that places are limited so early enrolment is advised.

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Joss Campbell: josscampbell@hotmail.com 07930 093564