

# Wonderful Winds

## Flute Days!

### Under 18 Booking Form - Flitwick- 6th October 2018

#### CHILD DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age on 06/10/18: \_\_\_\_\_

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? (Please give a name if "flute teacher") \_\_\_\_\_

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: \_\_\_\_\_

#### PAYMENT (please tick one box only)

**Early Bird Discount Bookings (up to 6th August only)**

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

**Booking after 6th August**

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

**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: 6th September 2018.** Please note that places are limited so early enrolment is advised.

[www.wonderfulwinds.com](http://www.wonderfulwinds.com)

**Flute Days! Flitwick 2018**

Mel Orriss: [mail@wonderfulwinds.com](mailto:mail@wonderfulwinds.com) 07817 703844

Joss Campbell: [josscampbell@hotmail.com](mailto:josscampbell@hotmail.com) 07930 093564

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## Flute Days!

### 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](mailto: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 **6th September 2018**. Please note that places are limited so early enrolment is advised.

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Joss Campbell: [josscampbell@hotmail.com](mailto:josscampbell@hotmail.com) 07930 093564