APPLICATION FORM							
SUMMER COURSE 18 - 24 AUGUST 2024							
Surname							
First Names							
Date of Birth				Male/Fe	emale		
Home address							
Telephone							
Mobile					-		
E-mail/Website							
School/College (if applicable)							
Instrument(s)							
Jazz Level	Beginner	Improver	Intern	nediate	Advan	ced	
Ability to read Music	Yes	No					
Music Education (if applicable)							
Performance experience (if applicable)							
Special diets/needs and/or medical conditions (if applicable)							

I have read and agree with the terms and conditions. Application for under 18 years olds must be signed by parent or guardian.

DATE \_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_

Office use only	Amount paid	Date paid	Receipt
Fee 1,250.00			