APPLICATION FORM						
SUMMER COURSE 17-23 AUGUST 2025						
Surname						
First Names						
Date of Birth				Ge	ender	
Home address						
Mobile						
E-mail/Website						
School/College (if applicable	e)					
Instrument(s)						
Jazz Level		Beginner	Improver	Intermed	iate Advand	ced
Ability to read Music		Yes	No			
Music Education (if applicable)						
Performance experience (if applicable)						
Special diets/needs and/or conditions (if applicable)	r medical					
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 Fee £ 1,299.00			Date paid		Receipt	