



BOOKING FORM

I wish to book for the Holiday Music course in _____

from _____ to _____

I enclose a deposit of £50 and undertake to pay the full remaining balance of _____
not later than 6 weeks before the commencement of the course.

(Cheques payable to Holiday Music.)

Name _____

Address _____

Postcode _____ Tel.no. _____

Email _____

Any special dietary or health problems?

(Please supply details on separate sheet if appropriate)

I wish/do not wish to apply for a scholarship and enclose a letter giving my date of birth and details
of my studies (delete as appropriate).

Instrument or voice _____

Please state standard(s) _____

Pianists:

I should like/not like to play also in ensembles (delete as appropriate).

Signature (of parent if under 18) _____

Date _____ / _____ / _____

Please return to: Holiday Music, 25 Churchfield Avenue, London N12 0NS, UK

Or email to: info@holidaymusiccourses.com