

Wonderful Winds



Under 18's Booking Form - Gosport, 14th January 2023

CHILD BOOKING DETAILS

Name (Please print clearly):

Age:

Address:

Postcode:

Approximate Grade. (see website for guidelines):

Tell us a bit more about their playing experience, any groups they play with, etc.

Please tick if they will also be bringing/have experience playing any of the following (in additional to their regular flute) or if they would like to borrow one for occasional use on the day.

They're bringing: Piccolo Alto Flute Bass Flute

They have experience playing: Piccolo Alto Flute Bass Flute

They'd like to play: Piccolo Alto Flute Bass Flute

Where did you hear about the workshop? (If teacher, please give their name)

PAYMENT

Please tick as appropriate, and quote players name as reference on all payments.

I have paid £25 by bank transfer I am enclosing a cheque for £25

Bank transfers to: **Sarah Craven** Sort Code: **09-01-26** Account number: **30226378**

Cheques made payable to **Sarah Craven** but posted to Ruth Leech at the address below.

Please send your completed form (including medical details overleaf) to Ruth Leech

by email to: **rockingleech@sky.com**

or by post to: **Ruth Leech, 26 Birdwood Grove, Fareham, PO16 8AF**

All forms and payments must be received by the closing date of 31st December.

Places are limited so early enrolment is advised; any questions, please do get in touch.

www.wonderfulwinds.com

Mel Orriss: mail@wonderfulwinds.com 07817 703844

or Ruth Leech (Solent Flutes): rockingleech@sky.com 07746 297474

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Under 18's Medical/Contact Form - Gosport, 14th January 2023

CHILD DETAILS

Child's name:

Date of Birth:

Name of G.P.:

G.P Tel. No:

Does your child have any medical conditions/allergies/special educational needs that we should know about?
Please give full details.

Does your child need disabled access?

PARENT/CARER CONTACT DETAILS

Parent/Carer name:

Parent/Carer email (Please print clearly):

Parent/Carer Home Tel. No:

Parent/Carer Mobile No:

Emergency contact in case you're not available:

Name:

Tel. No:

Relationship to child:

Photographs: parental consent

To comply with the Data Protection Act 1988 we need parental permission for Wonderful Winds to use photos/video recordings of Under 18's in publications or on its website/social media.

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

DECLARATION

I have read and agree to the Terms and Conditions. (See website)

Name (please print)

Signed

Date

www.wonderfulwinds.com

Mel Orriss: mail@wonderfulwinds.com 07817 703844

or Ruth Leech (Solent Flutes): rockingleech@sky.com 07746 297474