Wonderful Winds



Under 18's Booking Form - Sampford Courtenay, 9th April 2022

CHILD BOOKING DETAILS Name (Please print clearly): Date of birth: 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 flutes, or if they would like to borrow one to play one on the day. (This would just be for a piece or two, depending on numbers).

Bringing: Piccolo Alto Flute Bass Flute

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)

Please delete as appropriate:

I'm booking a place at £50 I'm booking a discounted place at £45*

I am paying by PayPal/bank transfer/cheque.

Bank transfers to Wonderful Winds, Sort Code: 54-21-14, Account number: 22127186

PayPal payments to sales@wonderfulwinds.com

Cheques with your form to: Wonderful Winds, 44 Exeter Road, Okehampton, Devon, EX20 1NH

Please quote players name on as reference on all payments. Booking closes 3rd April

*Discount details

Teachers/Pupils £5 discount for teachers and pupils where the teacher and 2 or more pupils book.

Family/siblings: £5 discount for each family member.

Please give details/names of teachers, pupils/family members here and fill in a form for each player.

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Under 18's Medical/Contact Form - Sampford Courtenay, 9th April 2022

CHILD DETAILS		
Child's name:		Date of Birth:
Name of G.P:		G.P Tel. No:
Does your child have any medical condit	ions/allergies tha	at 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 av Name:	/ailable: Tel. No:	Relationship to child:
Photographs: parental consent		
To comply with the Data Protection Act photos/video recordings of Under 18's Please tick this box if you wish to withhou	in publications o	parental permission for Wonderful Winds to use r on its website/social media.
<u>DECLARATION</u>		
I have read and agree to the Terms and	Conditions. (See	e website)
Name (please print)		
Signed		Date
Please return the completed form to M	el Orriss either h	ov scanning/emailing to mail@wonderfulwinds.com or

Please return the completed form to **Mel Orriss**, either by scanning/emailing to **mail@wonderfulwinds.com** or in the post to: **44 Exeter Road, Okehampton, Devon, EX20 1NH** together with payment by bank transfer, PayPal or cheque. Forms and payments must be received by the closing date of **3rd April**. Places are limited so early enrolment is advised.