CCMC SUMMER SCHOOL APPLICATION FORM 2023

NAME				AGE
Address				
Email				
Mobile				
	Any Instrument(s) play	/ed	Level*	
* Beginner/Intermediate/Advanced or Grades taken/years of experience				
Please indicate which days you would like to attend:				
	Monday 14 August		Tuesday 15	Aug
	Wednesday 16 Aug		Thursday 17	′ Aug
	Friday 18 August		Not sure ye	t
* PLEASE CIRCLE ALL THE OPTION LETTERS FROM OVERLEAF YOU'D LIKE				
TO TRY HERE: A B C D E * Please indicate the payment you are enclosing with this form:				
Please mu	£25 for one day		£100 for fou	
	£50 for two days		£100 for all !	,
	£75 for three days		£10 deposit ³	· ·
	* Non-refundable; bala	ance due on	•	
		с н	.	
	and understood the Sa		Statement on t	he CCMC
	r on display in the Musi		0.0	
I need to complete an up to date medical form OR				
I confirm that the details held at Wyedean School are correct				
Signed			Parent / Carer	/ Guardian
PLEASE RETURN THE COMPLETED APPLICATION FORM TO:				

PLEASE RETURN THE COMPLETED APPLICATION FORM TO: Brian Ellam c/o Wyedean School, Beachley Road, Sedbury, NP16 7AA