

ENROLMENT FORM

Please complete and send with cheque by Friday 17 February

Name Address

.....

'phone mobile..... email

ABOUT YOU To help us ensure that you get the most from the workshop(s) please tell us:

- about your previous singing experience

.....

- your reason(s) for enrolling

.....

Do you have any special requirements, e.g. help with sight or mobility needs, of which you would like us to be aware? If so, please describe below.

.....

I wish to enrol for the SOLO SINGING WORKSHOP on Saturday 25 February 2017 9.45am-1pm as a singer / listener (please delete)

I enclose a cheque for £..... (made out to C A Gwynn)

I would like to be contacted about future workshops **Y/N**

Map and directions are available at www.cagmus.org.uk/workshops/html

Please enclose a stamped addressed envelope if you would like them posted to you.

Please give the titles plus composer/artist/show of 1 or 2 pieces that you will be prepared to perform; you should know the piece(s) very well.

1.....

2.....

Consent for singers under the age of 18

Name of singer **Date of birth of singer**

Parent/guardian: I give permission for **to attend the Solo Workshop on Saturday 25 February 2017**

..... (Signature)

Please return this form **by Friday 17 February 2017** to:

Voice Workshops, 32 Lodge Cottage, Stapleford Tawney, Essex RM4 1TA