



**APPLICATION FORM**

**Student Details:**

Student Name: .....

School Address: .....

Head of Department Name: .....

Date of Birth: ..... Male/Female \*

Do you wish to be *Resident/Day* \* Student?

Instrument 1: ..... Grade/Standard: .....

Instrument 2 ..... Grade/Standard: .....

Singing Voice: (*Treble/Alto*) .....

Do you play in the school Orchestra/Band? ..... *yes/no* \*

Do you sing in the school Choir?..... *yes/no* \*

Do you sing or play in any other ensemble? ..... *yes/no* \*

(If *yes*, please give details ..... )

How did you hear about this Course?.....

Do you require a special diet? ..... *yes/no* \*

(If *yes*, please give details: ..... )

**Parent/Guardian: (for correspondence)**

Name: .....

Address: .....

Post Code: ..... Telephone: (*including Area Code*) .....

E:mail : .....

Parent/Guardian signature:..... Date: .....

Return this form before 18th June, 2010 to:

The Secretary  
Summer's Cool  
87 Lime Avenue  
Royal Leamington Spa  
Warwickshire  
CV32 7DG

enclosing payment of £100 for the deposit. Cheques should be made payable to "Summer's Cool".

\* Please delete as appropriate.