

Application Form

Please return this form to: The Course Administrator, LDSM, Stricklandgate House, Kendal, Cumbria LA9 4PU

First Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>		
Home Address	<input type="text"/>		
Home Tel	<input type="text"/>	Mobile Tel	<input type="text"/>
Email Address	<input type="text"/>		
How did you hear about LDSM?	<input type="text"/>		
I would like to attend Young String Venture (9am-1pm) on	<input type="checkbox"/>	1-6 August 2010	<input type="checkbox"/>
	<input type="checkbox"/>	8-13 August 2010	<input type="checkbox"/>
Principal Instrument	<input type="text"/>	Start date	<input type="text"/>
Previous examinations on main instrument	Board	Grade	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anticipated date & grade of next exam	<input type="text"/>	Any other instruments & approx grade	<input type="text"/>
Pieces studied recently on main instrument	<input type="text"/>		
<small>please provide as much information as possible. attach a separate sheet if necessary</small>			
Ensemble and orchestral experience	<input type="text"/>		
<small>please provide as much information as possible. Attach a separate sheet if necessary</small>			
Teacher's Name	<input type="text"/>		
Teacher's Address	<input type="text"/>		
Teacher's Tel	<input type="text"/>		
Teacher's Email	<input type="text"/>		

Payment

For multiple sibling applications, complete payment details in full on one application form only.

Full Fee Applications	<input type="checkbox"/>	students @ £230	£	<input type="text"/>
	<input type="checkbox"/>	students @ £210 (siblings)	£	<input type="text"/>
Early payment applications Prior to 31 March 2009	<input type="checkbox"/>	students @ £200	£	<input type="text"/>
	<input type="checkbox"/>	students @ £180 (siblings)	£	<input type="text"/>
Sub Total (course fees)				£ <input type="text"/>
Showcase Concerts	<input type="checkbox"/>	Tickets for Friday 6 August @ £8	£	<input type="text"/>
<small>All tickets £8.00. Please book now to avoid disappointment.</small>	<input type="checkbox"/>	Tickets for Friday 13 August @ £8	£	<input type="text"/>
T-Shirts	Age 5-6	Age 7-8	Age 9-10	£
<small>£9.50 each. Please indicate amount required in each box</small>	Small <input type="checkbox"/>	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>
	<small>Mens</small>	<small>Womens</small>	<small>Unisex</small>	<small>Unisex</small>
Grand Total				£ <input type="text"/>

I enclose a cheque made payable to LDSM OR please debit my credit/debit card to the amount above

Name on Card Mastercard Visa Visa Delta Maestro

Card No: 13 or 16 digit number

Issue date Expiry date Issue No Security No

Cardholder signature Date

Teacher Reference

To be completed by the child's teacher. Please indicate child's skill on their principal instrument, including information on position work, bowing, sight reading ability and ensemble experience

Teacher's Comments
Attach a separate sheet if necessary

Please indicate below if you would like to be sent information on future courses for your students

Yes No

Teacher's Signature