## **CAMBOURNE MUSIC SCHOOL**



## January 2020

Please return ASAP, ideally by as soon as possible!

Pupil	Name:					
Prima	ary School attended:					_
Schoo	ol Year in September (please circle):	2	3	4	5	6
Mus	sical School session(s) applie	ed for	(tick ALL	that a	pply):	
Monday Music School, 4-6pm (Clarinet, Flute, Saxophone, Trumpet)  1st-choice instrument:						
2 <sup>nd</sup> -choice instrument (if applicable):						
				□ Begi	nner	☐ Improver
	Monday Music School, 4-6pm Instrument (already h					
	Tuesday Music School, 4-6pm	(Musio	cal Theatr	e, Songv	vriting	& Ukulele)
	Wednesday Music School, 4-5	pm & !	<b>5-6pm</b> (Ke	eyboard,	Guitar	·)
	1 <sup>st</sup> -cho	ice inst	trument:_			
		□ Beg	inner (4-5	pm) [	□ Impi	rover (5-6pm)

## TAKE ADVANTAGE OF OUR MULTI-SESSION SAVINGS!!

Total termly cost of sessions selected: £\_\_\_\_\_

Music School(s) attended	Cost per session	Cost per term
Monday (Clarinet, Flute, Sax, Trumpet)	£10	£100
Monday (Orchestra only, any instrument)	£7.50	£75
Tuesday (Vocal coaching & Choir)	£6	£60
Wednesday (Keyboard, Guitar)	£8	£80
Monday + Tuesday	£14	£140
Monday + Wednesday	£16	£160
Tuesday + Wednesday	£12	£120
Monday + Tuesday + Wednesday	£18	£180
4pm <u>AND</u> 5pm Wednesday (Keyboard & Guitar)	£14	£140

## **Contact Details**

Parent Name:
Address:
Phone number:
Mobile number:
Email (please print clearly):
Medical details (please add any relevant medical details):
I wish my child to attend the Cambourne Music School from January – July 2020.
I have enclosed two cheques (one for each term) made payable to <u>"CAM Academy</u> Trust" (NOT <u>"Cambourne Village College")</u> . <b>My child's full name is written on the back of the cheque.</b>
Signed: Date: