

Enrolment Form

THE 2010 RECORDER SUMMER SCHOOL

Established 1948

SATURDAY, 7th AUGUST – SATURDAY, 14th AUGUST

BLOCK CAPITALS PLEASE

NAME (Mr/Mrs/Miss/Ms/Other): (Surname)

..... (Forename)

HOME ADDRESS:

Post Code:

Tel. No.

Email:

EARLY APPLICATION IS ADVISABLE

Please tick appropriate boxes:-

1. I enclose a **non-returnable** deposit of £50.
2. I would like a standard / ensuite room (*please delete as applicable*).
3. and I would like the household rate (couples will be given adjacent rooms).
4. To assist room allocation, please circle age-group: 75+, 65+, 55+, 45+, 35+, 25+, 15+. Please indicate any special **mobility** needs:
5. I am a vegetarian / have special dietary needs (*please specify*).
6. I shall require a Certificate of Attendance at the end of Summer School.
7. Newcomers, please tell us how you heard about this School

8. I understand that, although all reasonable care will be taken, The Recorder Summer School cannot accept responsibility for loss or damage to students' property.
9. I agree to pay the balance by 31st May, 2010

Signature

Date

Forms, completed and signed, should be sent, together with the **non-returnable** deposit of £50 to the Summer School Administrator:-

Miss SANDRA FOXALL
113 BIRCHWOOD ROAD, MARTON
MIDDLESBROUGH, TS7 8DE

Cheques should be made payable to: THE RECORDER SUMMER SCHOOL. Overseas students: PLEASE USE INTERNATIONAL STERLING MONEY ORDERS. Please send a stamped, addressed envelope if a receipt is required.

Data Protection Notice: The Recorder Summer School will process the personal data it collects from you in accordance with the Data Protection Act. The data you provide will be used to administer your application and place on the course. It will not be passed to any third party without your consent.