waltons
new school
of **music**

BOOKING FORM

ONE- AND TWO-HOUR INTENSIVE LESSONS:
TRADITIONAL INSTRUMENTS

Please use **BLOCK CAPITALS** and print clearly.

RECEIVED

Post, fax or scan/email this form to:
Waltons New School of Music, 69 South Great George's Street, Dublin 2
Tel: (01) 478 1884 Fax: (01) 475 1346 Email: info@newschool.ie

Surname _____ First name _____

Full Address _____

Date of birth _____ Parent or guardian's name (if under 18) _____ male / female

Phone (day) _____ (evening) _____

Mobile _____ Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Names of other participants (if any)
1 _____ 5 _____
2 _____ 6 _____
3 _____ 7 _____
4 _____ 8 _____

Available date(s) and time(s) _____

Previous musical experience (if any) _____

_____

☐ **1-hour lesson(s):**

Instrument _____

_____ (number of lessons) x _____ (number of participants) x € _____ (fee/student) x = € _____

☐ **2-hour lesson(s):**

Instrument _____

_____ (number of lessons) x _____ (number of participants) x € _____ (fee/student) x = € _____

☐ **Bodhrán + 2-hour lesson combination:**

_____ (number of participants) x € _____ (fee/student) x = € _____

☐ **Tin Whistle + 2-hour lesson combination:**

_____ (number of participants) x € _____ (fee/student) x = € _____

☐ **Other Instrument (please specify_____) + 2-hour lesson combination:** € _____

INTENSIVE LESSON FEES (€25 deposit due when booking, balance before lesson commences)

1-hour lessons		**2-hour lessons**		**Bodhrán + 2-hour lesson**		**Whistle + 2-hour lesson**	
1 student:	€50	1 student:	€90	1 student:	€142	1 student:	€93
2 students:	€30/student	2 students:	€54/student	2 students:	€114/student	2 students:	€57/student
3 students:	€24/student	3 students:	€38/student	3 students:	€86/student	3 students:	€40/student
4 students:	€20/student	4 students:	€32/student	4 students:	€78/student	4 students:	€34/student
5 or more:	€18/student	5 or more:	€28/student	5 or more:	€72/student	5 or more:	€29/student

Signed _____ Date _____

(For those booking by post or fax who wish to pay their fee by credit or Laser card.)
I authorise the amount of € _____ to be charged to my credit or Laser card listed below:

Signed _____ Date _____

A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Name _____ Expires ☐☐-☐☐

For School Use Only

Day(s) / time(s) of lessons _____

Teacher(s) _____