

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 _____ male / female | Parent or guardian's name (if under 18) _____

Phone (day) _____ (evening) _____

Mobile _____ Email _____

Previous musical experience (if any) _____

Workshop _____ Date/time _____

How did you hear about this workshop? Internet Friend/word-of-mouth Advertisement/flyer

Other. Please specify: _____

How did you hear about the New School? Reputation Friend/word-of-mouth Internet Waltons music shop

Attended previous lessons/classes at the school Other. Please specify: _____

Signed _____ Date _____

(To be signed by parent or guardian for students under 18. Students 18 and over should sign themselves.)

I wish to pay to pay the workshop fee with my credit / Laser card listed below and authorise the amount of
€ _____ to be charged to my card:

Signed _____ Date _____

Card no. _____ Name _____ Expires ____ - ____