



Workshop Registration Form

Please print, complete and return this Registration Form to us to let us know your Workshop requirements.

School Details

School name:

School address:

Postcode:

Telephone number (incl. STD):

Number of students at school

Number of students to attend workshop

Your Personal Details

Name:

Contact address:

Postcode:

Telephone number (incl. STD):

Association with school e.g. teacher, parent

Questions

Please details further information you require:

Signature:

Return form to:

Great Bowden Recital Trust, 44 Firs Avenue,
Uppingham, Rutland, LE15 9RE

By returning this form, I accept that the Great Bowden Recital Trust will treat my information confidentially and that they will also provide me with details regarding their future activities, events and concerts.