

Music Holiday Courses 2016

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BOOKING FORM					
COURSE INFORMATION – PLEASE COMPLETE					
NAME OF COURSE TO BE BOOKE	D:				
DATE OF COURSE TO BE BOOKED:					
IF RESIDENTIAL PLEASE INDICATE ACCOMMODATION PREFERENCE: CAMPING / DORMITORY (£60 supplement payable)					
STUDENT INFORMATION					
Forename:		Surname:			
Date of birth:	Male/Female	Home Tel:		Mobile:	
Current address:					
Town:	County:	County:		Postcode:	
	l		I		
Instrument (if wind/brass please give clef and key): Approx Si			andard:		
Other instruments played and standard:					
Teachers name, address and telephone number:					
How did you find out about this course:					
PARENT/GUARDIAN INFORMATION					
Full Name:					
Address:					
Home Tel:	Mobile Tel:		Email:		
Relationship to student:					
PAYMENT DETAILS					
Please post this completed form with a deposit of £50* to: Holiday Courses Administrator, Gloucester Academy of Music, Barbican House, Barbican Road, Gloucester, GL1 2JF. Cheques should be made payable to 'Gloucester Academy of Music'.					
Alternatively, payment can be made by bank transfer to: Sort Code 05 04 35 Account Number 71013708 Account Name Gloucester Academy of Music. Please tick this box if paying by bank transfer					
If you are booking after 1st June 2016 we require the full fee to be paid at the time of booking. *Please see full Booking Conditions on page 2.					
PHOTOGRAPH PERMISSION					

www.gamusic.co.uk holidaycourses@gamusic.co.uk 01452 668592

Gloucester Academy of Music, Barbican House, Barbican Road, Gloucester GL1 2JF
President: Professor Derek Aviss OBE Founder: Caroline Lumsden ARCM AGSM Cert Ed
Gloucester Academy of Music is the trading name of Gloucestershire Academy of Music Limited
Reg. in England No. 2796427 Reg. Charity No. 1085708

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BOOKING FORM

Photographs/Video of the students may be taken during the Course. Please delete as appropriate and sign to confirm whether you are happy for these photographs/video to be used in the following ways:

- I do give/do not give consent for photographs and/or video to be used in Gloucester Academy of Music marketing material
- I do give/do not give consent for photographs and/or video to be used on third party websites
- I do give/do not give consent for photographs and/or video to be used on social media (for eg but not

exclusive to Twitter, Facebook etc)				
Parent/Guardian/Adult Student Signature				
Date				
BOOKING TERMS AND CONDITIONS				
1.Your Booking will be confirmed once we have received a completed booking form and deposit payment 2.If you wish to cancel your booking, written notification (which includes email) must be received by us a apply from the date on which we receive written notice as stated above:				
More than 12 weeks prior to the course start date: Loss of depose 8 to 12 weeks prior to the course start date: 50% of the cost Less than 8 weeks prior to the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of the cost of the course start date: 100% of t	of the course			
 4. We offer the following discount options and these are only available to students who have attended in 2015 and are subject to a maximum of 35% per student: 10% Discount for Introducing a friend who books and pays in full for 2016				
advance of any changes that are necessary. 6. If for any reason we need to cancel the course we will refund any monies already paid by yourself.	To the course. We will all to houry you in			
Signature of Parent/Guardian:				
Name of Parent/Guardian:	Date:			

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