**Clonduff Comhaltas**

**Registration Form**

Only immediate family members per form please

**1**

Name:……………………………………………………………………………

DOB:………………………………………………………………………….…

Preferred instrument:…………………………………………………………….

Name of parent / guardian (if under 18):………………………………………..

Address:…………………………………………………………………………

Mobile number:………………………………………………………………….

Email:……………………………………………………………………………

Please circle to indicate whether this applicant is an ADULT or a CHILD

Please circle to indicate proficiency: BEGINNER, INTERMEDIATE or ADVANCED

2

Name:……………………………………………………………………………

DOB:………………………………………………………………………….…

Preferred instrument:…………………………………………………………….

Name of parent / guardian (if under 18):………………………………………..

Address:…………………………………………………………………………

Mobile number:………………………………………………………………….

Email:……………………………………………………………………………

Please circle to indicate whether this applicant is an ADULT or a CHILD

Please circle to indicate proficiency: BEGINNER, INTERMEDIATE or ADVANCED

3

Name:……………………………………………………………………………

DOB:………………………………………………………………………….…

Preferred instrument:…………………………………………………………….

Name of parent / guardian (if under 18):………………………………………..

Address:…………………………………………………………………………

Mobile number:………………………………………………………………….

Email:……………………………………………………………………………

Please circle to indicate whether this applicant is an ADULT or a CHILD

Please circle to indicate proficiency: BEGINNER, INTERMEDIATE or ADVANCED

**OFFICIAL USE ONLY**

TOTAL TUITION PAID: £ TOTAL MEMBERSHIP PAID: £