



APPLICATION FORM

Summer's Cool  
2019  
28th July - 2nd August

Student Name:.....  
Date of Birth: .....Male/Female\*

Do you wish to be Resident / Day\* Student?

Instrument 1: ..... Grade/Standard: .....

Instrument 2: ..... Grade/Standard: .....

Singing Voice: (Treble/Alto).....

Do you play in the school Orchestra/Band? ..... yes/no\*

Do you sing in the school Choir? ..... yes/no\*

Do you sing or play in any other ensemble? ..... yes/no\*

(If yes, please give details .....  
.....

How did you hear about this Course? .....

Do you require a special diet? ..... yes/no\*

(If yes, please give details: .....  
.....

School Address including post code: .....  
.....

Head of Department Name: .....

Parent/Guardian: (for correspondence)

Name: .....

Address: .....  
.....

Post Code: .....Telephone: (including Area Code) .....

E:mail : .....

Parent/Guardian signature: .....Date: .....

I have read and agree to accept the Terms and Conditions

Return this form before 15th June 2019 to:

The Secretary  
Summer's Cool  
87 Lime Avenue  
Royal Leamington Spa  
Warwickshire  
CV32 7DG

enclosing payment of £150 for the non returnable deposit.

Cheques should be made payable to "Summer's Cool".

\* Please delete as appropriate.