

MONTGOMERY HOLLOWAY MUSIC TRUST
21st ANNUAL ADVANCED PERFORMANCE COURSE
July 17th – July 22nd 2017
HIGHFIELD School and Norden Farm Arts Centre, Maidenhead

Booking Information:

We look forward to hearing from you, but please read the information leaflet and ensure that you understand the terms and conditions on which **SELECTION** is made. Any questions please contact the Trust Secretary. **The first Auditions will take place during May 2017** so it would be helpful if you could send your form in by the end of April. Why not complete and send it NOW ?

Name:.....Date of Birth.....

Address:.....

.....Post Code:.....

Telephone:.....Mobile.....Email.....

Singer Type.....or Instrumentalist.....
(Soprano/Tenor/ etc)

All About You: Please tell us about yourself what you have done as a singer or instrumentalist. What grades if taken, are you in a group, a choir, a soloist? What performance experience do you have – tell us anything you think is relevant.

BURSARY:

One of the objectives of the Trust is to ensure that no worthy applicant should ever fail to attend because of financial problems. A Bursary – full or part cost – is possible to help meet the course costs of **£300**. Living expenses during the week are your responsibility.

The Trustees are anxious that only students in need of financial support should apply.

Please complete the following:- I would like to apply for a Bursary (full or part) because

All information given will be in strictest of confidence.

If you are under 18 on July 17th we need the following completed:

I.....being the father/mother/guardian hereby give my consent for my son/daughter.....to attend the MHMT Summer Seminar from July 17th to July 22nd 2017. Further I give my consent for my son/daughter to leave the site at Lunchtime should this be necessary.

I confirm that I will make the necessary travel arrangements to and from the HIGHFIELD School and Norden Farm Arts Centre. In the case of accommodation being required I will satisfy myself that it is of a suitable standard.

Please tell us if your son/daughter takes regular medicines or has a health issue that needs to be monitored. This will be strictly confidential and will in no way affect the application.

Signed:.....Name.....Date.....

Return this form to: Ray Tapken, Trust Secretary, 72 Inglewood Court, Liebenrood Road, Reading, RG30 2 DU. Any questions contact 0779 0841118 or a.tapken@sky.com