**Tel:** 01-2883740 / 01-2108188 **Fax:** 01-2883989 **Email:** enquiries@newparkmusic.ie **Web:** newparkmusic.ie

## **APPLICATION FORM**

Name:		Phone:	
Address:		Work / Mob:	
		Date of birt	th (if under 18):
Email:			
Previous musical exp	erience:		
Special requirements	s/needs:		
Parent / Guardian o	details:		
Name:	me: Phone		
Name:	Phone:		
<u>Individual</u>	<u>Groups</u>		Jazz Department
O Bass	O Parent & Toddler		O Piano
O Cello	O Gateway to Music		O Guitar
O Clarinet	O Gateway to Piano		O Bass
O Drums	O Gateway to Recor	der	O Drums
O Flute	O Gateway to Violin		O Saxophone
O Guitar	O Gateway to Percus	ssion	O Singing
O Piano	<b>Ensembles</b>		O Trumpet
O Recorder	O Adult Choir		O Improvisation *
O Saxophone	O Let's All Sing		Theory & Musicianship
O Singing	O Recorder Ensemble		O Music History and
O Viola	O Junior Strings *		Appreciation
O Violin	O Youth Choir		O Junior Cert
O Trombone	O Junior Wind Enser	nble *	O Leaving Cert
O Trumpet	O Wind Ensemble *		O Theory Grades
	$\bigcirc$ Chamber Group *		O Senior Theory
	O Samba School		O Composition
* Please indicate you	ır instrument:		
Signed:			Date:
	n purposes only; it does not constitu ot send money with a form. An invo		place or an obligation to accept a place once a place has been offered.

Date application is received (For office use): \_\_\_